JEFFERSON COUNTY
HUMAN SERVICES DEPARTMENT

2013
ANNUAL REPORT

SERVING THE RESIDENTS OF JEFFERSON COUNTY

TABLE OF CONTENTS

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
Serving the Residents of Jefferson County
1541 Annex Rd, Jefferson, WI 53549-9803
Phone: 920-674-3105 Fax: 920-674-6113

May, 2014

Dear County Board Chair,
Members of the Jefferson County Board of Supervisors,
Members of the Jefferson County Human Services Board,
Jefferson County Citizens,
And other interested parties,

RE: Letter from the Director

I respectfully submit to you our 2013 Jefferson County Human Services Department annual report. Our report provides Division specific information on services, reviews goals for 2013, and sets forth new goals for 2014. New for 2014, we summarize our work and set specific achievements and key indicators for each Division and team (please see Table 1 on page 4).

In 2014:

- Our Administrative Services Division will maximize revenue while ensuring compliance with all county, state, and federal guidelines
- The Aging and Disability Resource Division will establish dementia friendly communities throughout Jefferson County.
- The Adult Disability Resource Center will deliver accurate and unbiased information, assistance, and access to publicly funded long term care to senior citizens and to citizens with disabilities.
- The Behavioral Health Division will provide prevention and education about drug abuse, in particular heroin, as well as deliver responsive evidence based treatment programs for citizens with mental health and substance abuse issues.
- The Child and Family Division will assure the safety, permanence, and well-being of all children who are referred to the Department.
- The Income Maintenance Division will provide resources for low income households and those experiencing financial loss. This Division, along with the Southern Income Maintenance Consortium, will provide the entry into the Accountable Care market exchanges as well as determine Medicaid eligibility.

Each Division will remain responsive to the needs of our citizens and address any emerging trend.

I thank our County Board Supervisors and the members of our Human Services Board for their hard work and thoughtful consideration of many complex issues. Our ability to provide quality services to the citizens of Jefferson County is a product of the support we receive and of the work our talented and dedicated staff does. Thank you.

Respectfully submitted,

Kathi Cauley
Director
Jefferson County Human Services

Mission Statement

Enhance the quality of life for individuals and families living in Jefferson County by addressing their needs in a respectful manner and enabling citizens receiving services to function as independently as possible while acknowledging their cultural differences.

Vision Statement

All citizens have the opportunity to access effective and comprehensive human services in an integrated and efficient manner.

Performance Management Goals and Achievements (*Table 1*)

Goals: desired results for the Department	Objectives: Specific achievements	Completion date
Maximize revenue while ensuring compliance with all county, state, and federal guidelines	• Finish 2014 within reasonable allowance of budgeted tax levy • Increase Crisis and Comprehensive Community Services revenue	12/31/2014
Establish dementia friendly communities throughout Jefferson County	• Increase the Dementia Care Specialist position to full time • Establish business community connections	12/31/2014
Seniors and persons with disabilities get accurate, unbiased information, assistance or access to publicly funded long term care when calling the ADRC	• Ongoing continuous quality improvement (NIATx) projects that focus on aspects of the state contract and customer satisfaction • State contract requirements are met	12/31/2014
Develop substance abuse prevention and education efforts, in particular for heroin and opiates	• Develop and deliver education for the community on heroin and opiates • Continue to train staff in opiate treatment	12/31/2014
Deliver responsive evidence based programs for the mental health and substance abuse issues of our citizens	• Assess all mental health and substance abuse programs for fidelity to evidence based treatment • Strengthen operations to increase efficacy and efficiency	12/31/2014
Safety, permanence, and well-being for all children referred to the Department	• Monitor all alternative care placements for safety, and necessity • Successfully participate in all state department initiatives.	12/31/2014
Develop prevention and treatment programs for the emerging issues impacting children and families	• Expand heroin and opiate treatment options in the county • Explore solutions for growing children's mental health issues	12/31/2014
Enhance and Maintain Successful Income Maintenance Consortium	• Performance standards are met	12/31/2014

Performance Management Goals and Achievements and Key Outcome Indicators

Program Evaluation

Program Title	Program Description	Mandates and/or References	FTE's	Key Outcome Indicator
Administration Fiscal	Accurately complete all county, state, and federal reports and billing	State and Federal budget acts Numerous Compliance laws All Medicaid and Medicare requirements	17	100% compliance with reporting requirements
Administration Maintenance	Maintain buildings and grounds while planning for future	46	5	100% of capital projects completed on time and within budget
Administration Support Staff	Support all agency staff and maintain all records		7	100% of work completed on time
Adult Protective Services and Elder Abuse	Services to protect seniors and vulnerable adults at significant risk of harm to self or others	46.283, 46.90, 51, and 55	2	Vulnerable adults receive supportive, services in the least restrictive environment consistent with their values and free of neglect and abuse
Adult Disability Resource Center	One-stop shop for information & assistance related to aging or living with a disability	46.283, DHS 10	8.48	Customers express a high level of satisfaction with provided services
Elder Benefit Specialist	Assist elders in understanding and accessing benefits	46.81, Older American's Act	1.48	Seniors access all benefits they are entitled too
Senior Dining Program	Provides seniors with one meal that meets nutritional requirements (weekdays)	Older American's Act (OAA)	3.38	Seniors have a healthy meal and maintain contact with others
Transportation	Seniors & persons with disabilities access needed medical care	85.21	2.44	Seniors and person with disabilities get to their appointments

Performance Management Goals and Achievements and Key Outcome Indicators

Program Evaluation

Program Title	Program Description	Mandates and/or References	FTE's	Key Outcome Indicator
Mental Health Outpatient Clinic	Provide mental health counseling	51 AR 35	2.44	PQH 9 scores improve by 5%
Comprehensive Community Services	Recovery based community, mental health, and substance abuse services	Supports 51 services AR 36	9.5	70% of all treatment plans goals are met
Community Support Program	Integrated services for people with severe and persistent mental illness	51 AR 63	15	70% of all treatment plan goals are met
Adult Alternate Care	Residential services for people with mental health and substance abuse	51	.5	100% compliance with CRS rules
Intake	Provides a single access point for all child, juvenile and family service needs.	48, 938	12	100% of mandated timelines met
Children in Need of Protective Services	Monitor safety, well-being, and permanence for all children found to be in need of protection or services by the courts.	48	11	70% of all new out of home placements are reviewed in a Permanency Roundtable or Permanency Snapshot model.
Juvenile Justice Integrated Services	Provide evidence based treatment and supervision to all court ordered youth.	938	8	95% of children on supervision will remain in the community through the use of community based safety plans and treatment

Performance Management Goals and Achievements and Key Outcome Indicators

Program Evaluation

Program Title	Program Description	Mandates and/or References	FTE's	Key Outcome Indicator
Birth to Three and Busy Bee Preschool	Supporting Families in promoting the growth and development of their children.	46 and 51 AR 910	6	100% of the time Birth to Three staff will utilize the Coaching Model with families served. 30% of the time the Primary Coach approach will be used with families.
Children's Alternate Care	Alternate care setting for children who are deemed "unsafe" for the home or community.	48 and 938	1	80% of children placed will find a legal form of permanence within 12 months of placement.
Children Long Term Support	Multi-disciplinary approach to building community based MA funded programing for youth.	46	2	90% of the children will remain in their home.
Independent Living	Enhancing daily living skills for youth in placement to transition to adulthood successfully.	48	1	80% of youth will attend a post-secondary education program.
Medical Assistance and Market Place exchanges	Facilitates access for those who are eligible	46, 49 and PPACA	24	Meet mandated performance standards
Foodshare-Food Stamps	Facilitates access for those who are eligible	46 and 49	24	Meet mandated performance standards
Child Care	Facilitates access for those who are eligible	46 and 49	3.5	Meet mandated performance standards
Energy Assistance	Facilitates access for those who are eligible	46 and 49	Contracted to Energy Services	Meet mandated performance standards

Performance Management

Output Measures: How much are we doing?

Description:	2012 Actual	2013 Actual	2014 Budget
AODA Clinic: People seen	1143	1567	same
Mental Health Clinic: People seen	2954	3106	same
Intoxicated Drivers: People seen	572	634	same
Comprehensive Community Services: People seen	722	822	Add staff if State pays nonfederal share of Medicaid
Community Support Program: People seen	1637	1722	same
Emergency Mental Health: Service hours	9669.50	9764.25	same
Birth to Three: People seen	1385	1379	same
Children's Waiver: Service Hours	2224.75	2112.25	same
Coordinated Service Team: Service Hours	2710.5	3562.75	Add one position if CST allocation received
CHIPS: Service Hours	12950.50	12105.75	same
Juvenile Justice: People seen	1033	1097	same
Intake: Service hours	11640.25	12621.25	same
Adult Protective Services: Service hours	3519.75	3512	same
Income Maintenance Call Center: calls	87,428	74,452	same
Households participating in Programs of Income Maintenance	7,177	7,384	same

HUMAN SERVICES BOARD OF DIRECTORS
2013 – 2014

Jim Mode, *Chair*

Pam Rogers, *Vice Chair*

Richard Jones, *Secretary*

Augie Tietz

John McKenzie

Julie Merritt

James Schultz

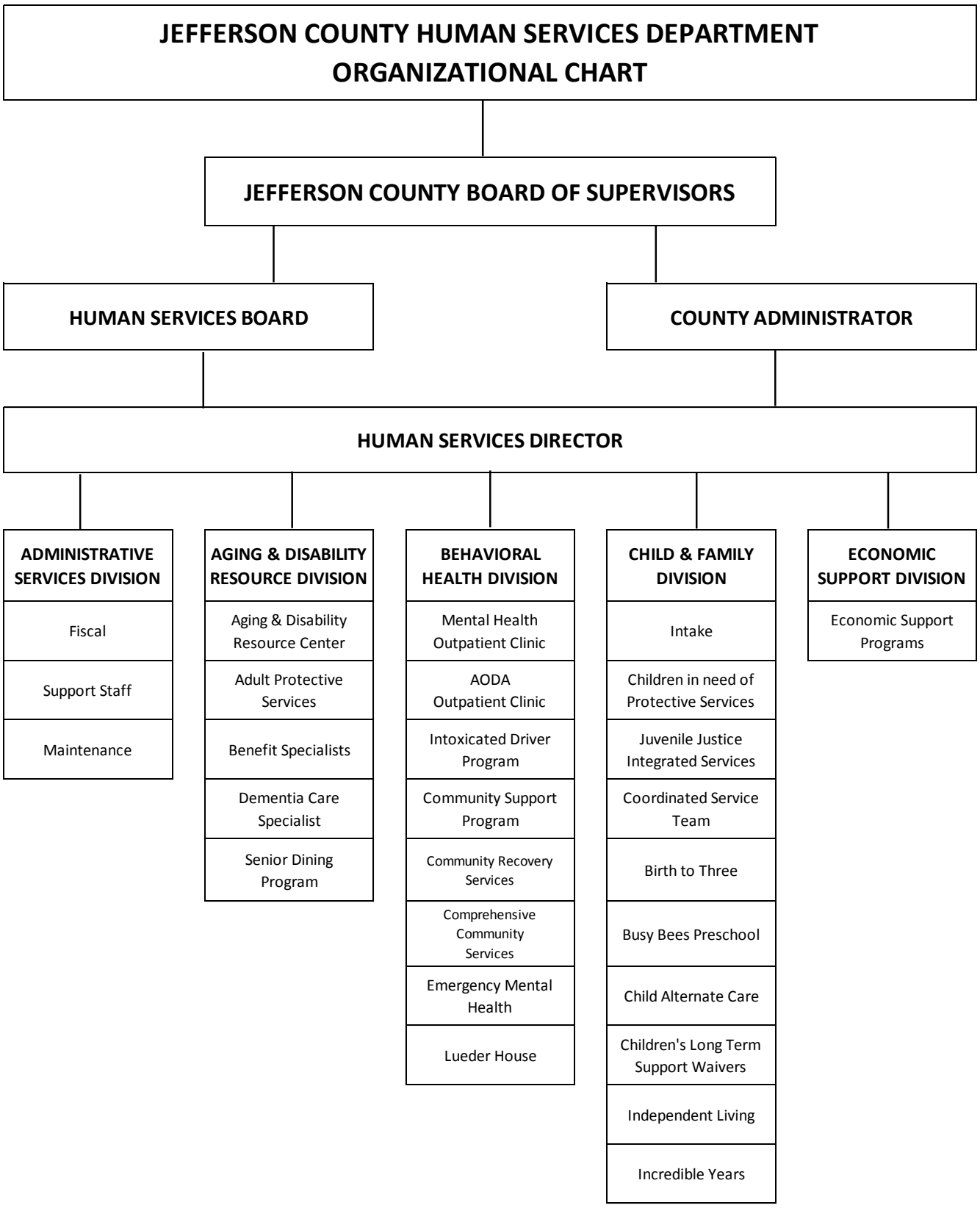
AGING AND DISABILITY RESOURCE CENTER ADVISORY COMMITTEE

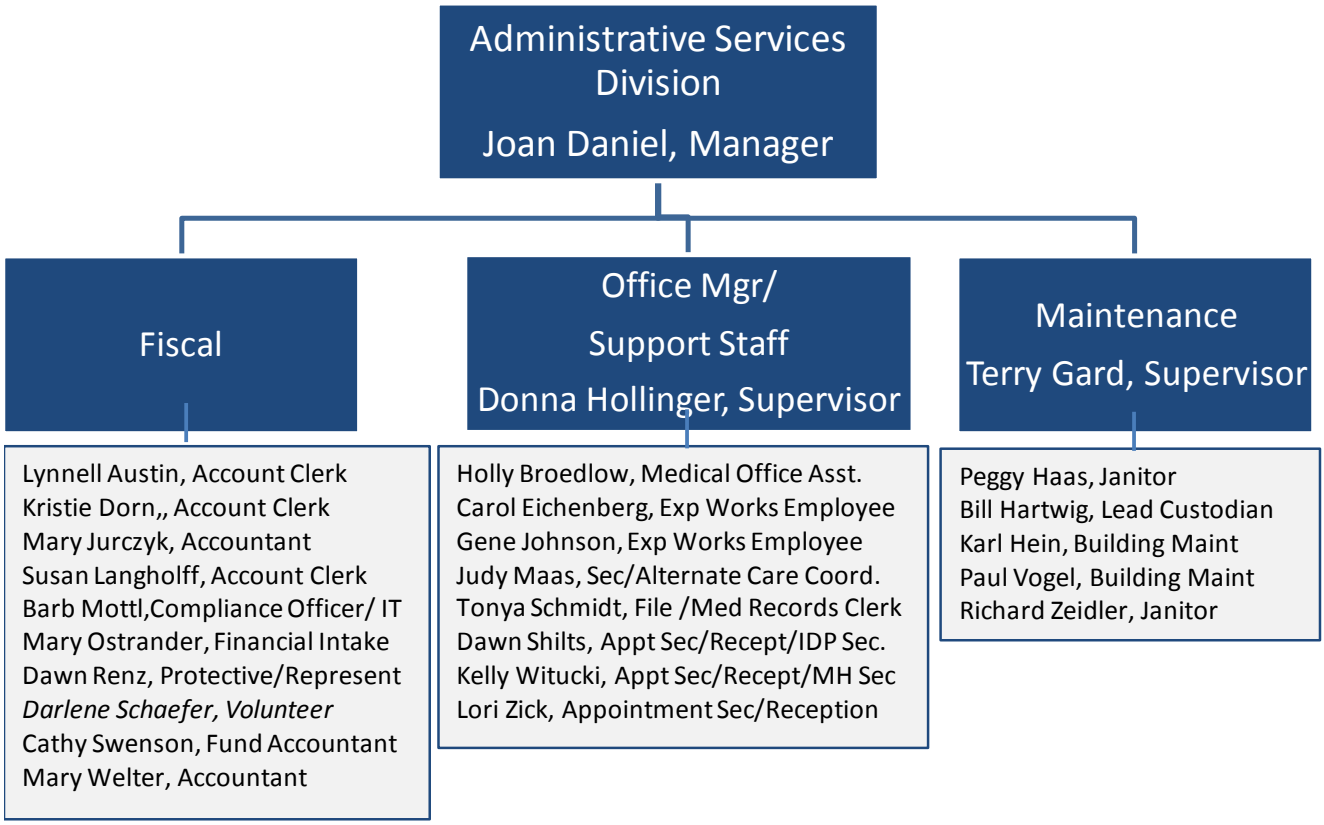
Earlene Ronk, Chair
Carol Battenberg
Ellen Haines
Dan Krause
Jim Mode
Georganne Mortenson
Carolyn Niebler
Darlene Schaefer
Connie Stengel
Sue Torum, Staff
Sharon Olson, Staff

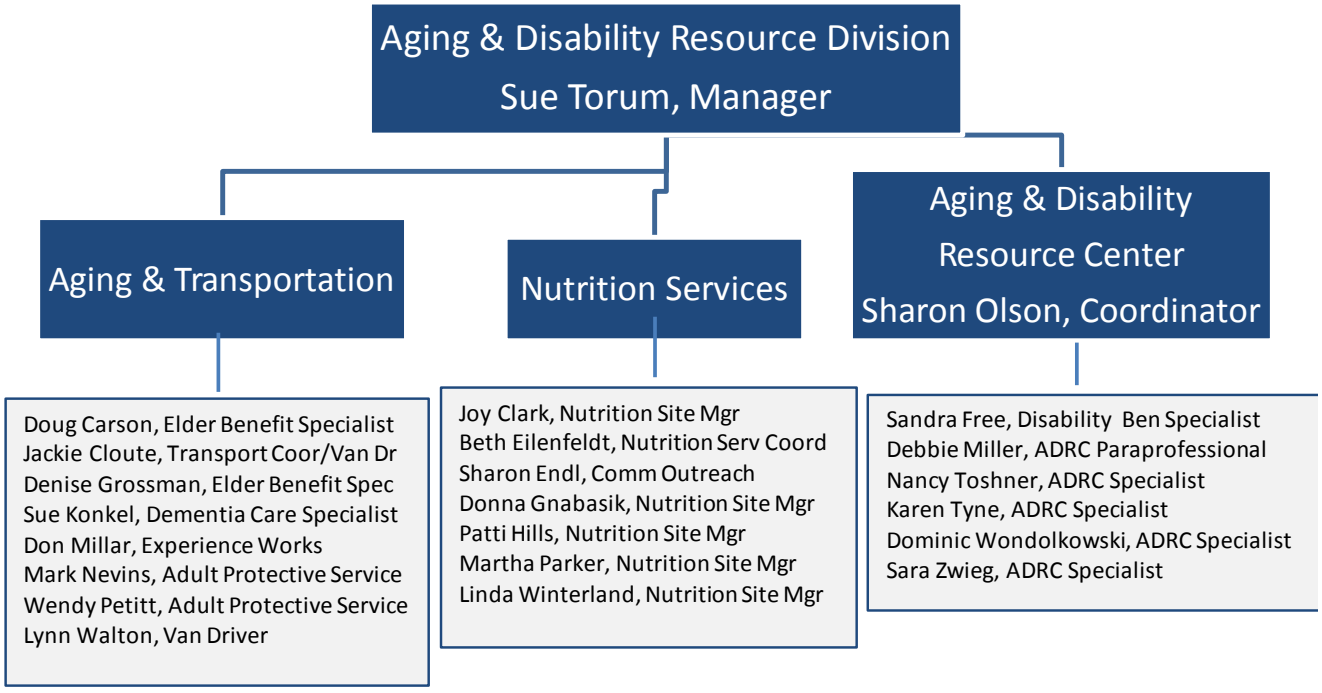
NUTRITION PROJECT COUNCIL

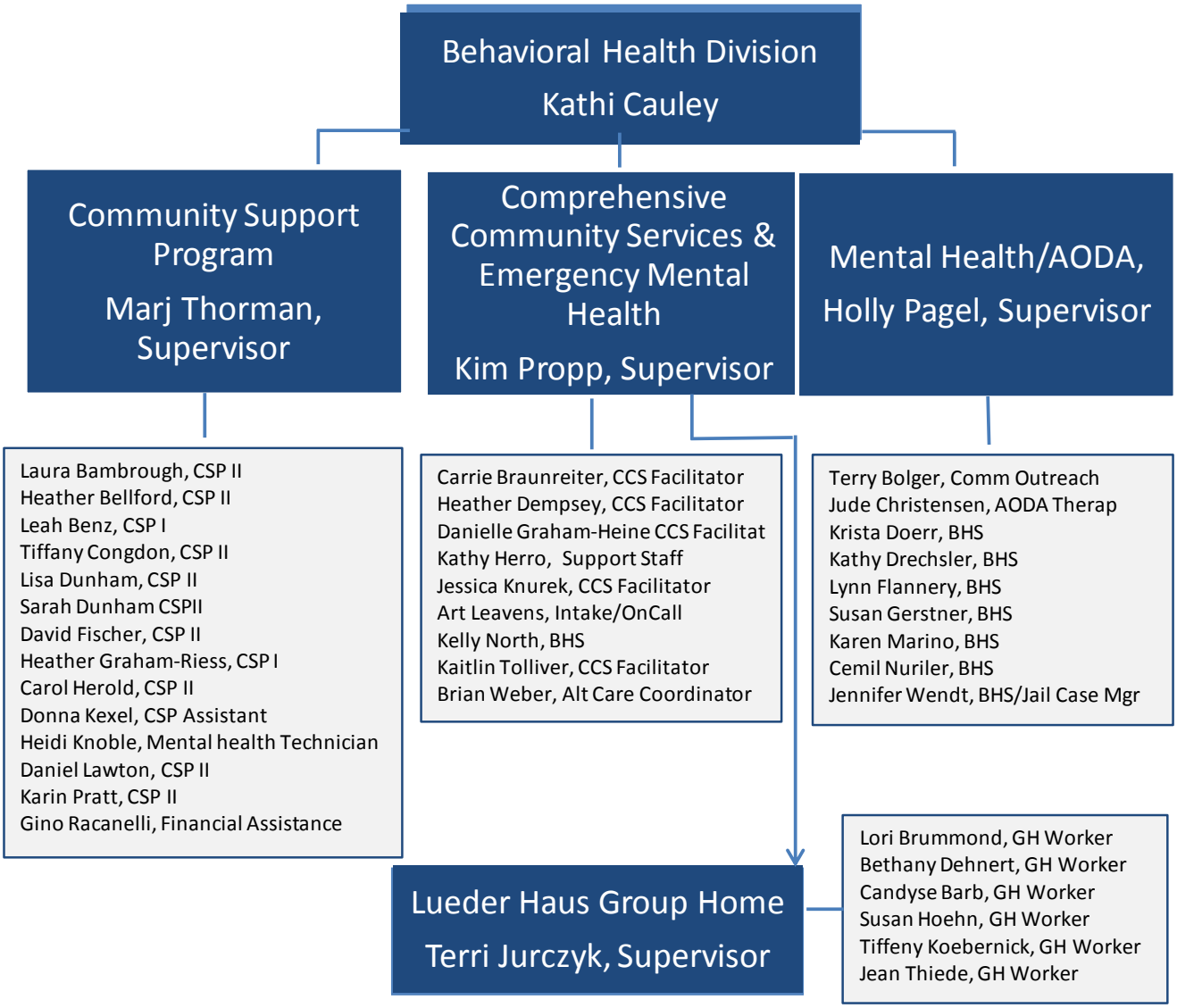
Marcia Bare
Janet Gerbig
Holly Ingersoll
Rita Kannenberg
Barbara Natrop
Emily Pantely
Judy Pinnow

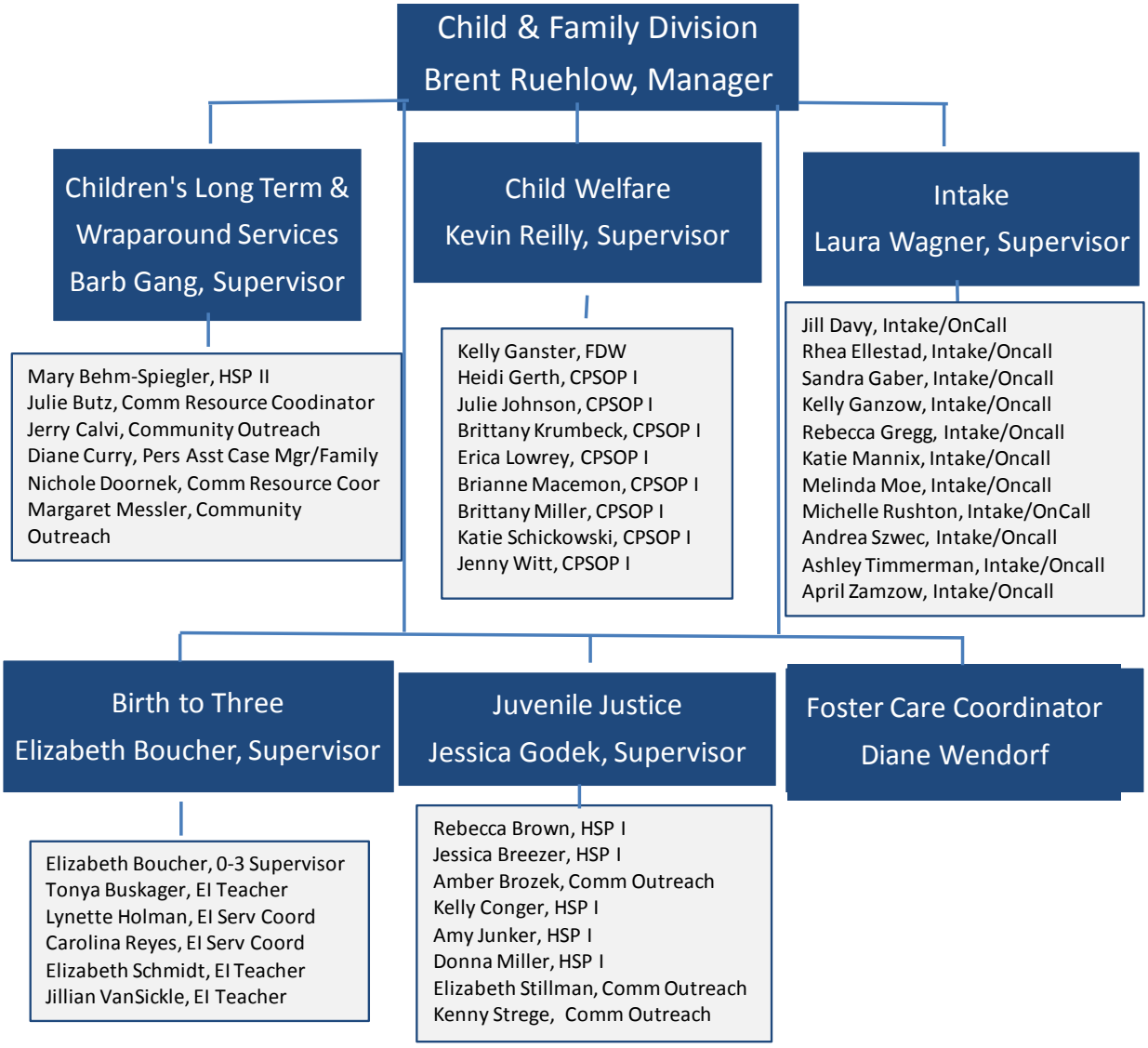
JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT ORGANIZATIONAL CHART

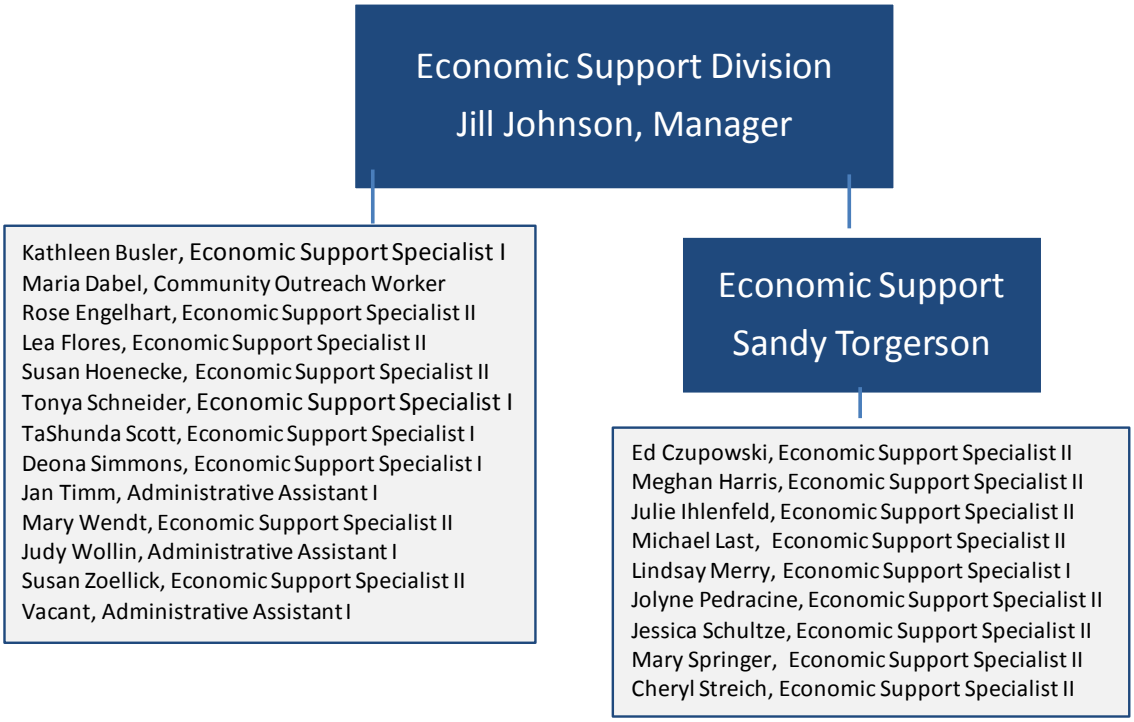



Administrative Services Division
Joan Daniel, Manager
Fiscal
Office Mgr/ Support Staff
Donna Hollinger, Supervisor
Maintenance
Terry Gard, Supervisor
Lynnell Austin, Account Clerk
Kristie Dorn,, Account Clerk
Mary Jurczyk, Accountant
Susan Langholff, Account Clerk
Barb Mottl,Compliance Officer/ IT
Mary Ostrander, Financial Intake
Dawn Renz, Protective/Represent
Darlene Schaefer, Volunteer
Cathy Swenson, Fund Accountant
Mary Welter, Accountant
Holly Broedlow, Medical Office Asst.
Carol Eichenberg, Exp Works Employee
Gene Johnson, Exp Works Employee
Judy Maas, Sec/Alternate Care Coord.
Tonya Schmidt, File /Med Records Clerk
Dawn Shilts, Appt Sec/Recept/IDP Sec.
Kelly Witucki, Appt Sec/Recept/MH Sec
Lori Zick, Appointment Sec/Reception
Peggy Haas, Janitor
Bill Hartwig, Lead Custodian
Karl Hein, Building Maint
Paul Vogel, Building Maint
Richard Zeidler, Janitor


Aging & Disability Resource Division
Sue Torum, Manager
Aging & Transportation
Nutrition Services
Aging & Disability Resource Center
Sharon Olson, Coordinator
Doug Carson, Elder Benefit Specialist
Jackie Cloute, Transport Coor/Van Dr
Denise Grossman, Elder Benefit Spec
Sue Konkel, Dementia Care Specialist
Don Millar, Experience Works
Mark Nevins, Adult Protective Service
Wendy Petitt, Adult Protective Service
Lynn Walton, Van Driver
Joy Clark, Nutrition Site Mgr
Beth Eilenfeldt, Nutrition Serv Coord
Sharon Endl, Comm Outreach
Donna Gnabasik, Nutrition Site Mgr
Patti Hills, Nutrition Site Mgr
Martha Parker, Nutrition Site Mgr
Linda Winterland, Nutrition Site Mgr
Sandra Free, Disability Ben Specialist
Debbie Miller, ADRC Paraprofessional
Nancy Toshner, ADRC Specialist
Karen Tyne, ADRC Specialist
Dominic Wondolkowski, ADRC Specialist
Sara Zwieg, ADRC Specialist


Behavioral Health Division
Kathi Cauley
Community Support Program
Marj Thorman, Supervisor
Comprehensive Community Services & Emergency Mental Health
Kim Propp, Supervisor
Mental Health/AODA,
Holly Pagel, Supervisor
Laura Bambrough, CSP II
Heather Bellford, CSP II
Leah Benz, CSP I
Tiffany Congdon, CSP II
Lisa Dunham, CSP II
Sarah Dunham CSPII
David Fischer, CSP II
Heather Graham-Riess, CSP I
Carol Herold, CSP II
Donna Kexel, CSP Assistant
Heidi Knoble, Mental health Technician
Daniel Lawton, CSP II
Karin Pratt, CSP II
Gino Racanelli, Financial Assistance
Carrie Braunreiter, CCS Facilitator
Heather Dempsey, CCS Facilitator
Danielle Graham-Heine CCS Facilitat
Kathy Herro, Support Staff
Jessica Knurek, CCS Facilitator
Art Leavens, Intake/OnCall
Kelly North, BHS
Kaitlin Tolliver, CCS Facilitator
Brian Weber, Alt Care Coordinator
Terry Bolger, Comm Outreach
Jude Christensen, AODA Therap
Krista Doerr, BHS
Kathy Drechsler, BHS
Lynn Flannery, BHS
Susan Gerstner, BHS
Karen Marino, BHS
Cemil Nuriler, BHS
Jennifer Wendt, BHS/Jail Case Mgr
Lueder Haus Group Home
Terri Jurczyk, Supervisor
Lori Brummond, GH Worker
Bethany Dehnert, GH Worker
Candyse Barb, GH Worker
Susan Hoehn, GH Worker
Tiffeny Koebernick, GH Worker
Jean Thiede, GH Worker


Child & Family Division
Brent Ruehlow, Manager
Children's Long Term & Wraparound Services
Barb Gang, Supervisor
Mary Behm-Spiegler, HSP II
Julie Butz, Comm Resource Coodinator
Jerry Calvi, Community Outreach
Diane Curry, Pers Asst Case Mgr/Family
Nichole Doornek, Comm Resource Coor
Margaret Messler, Community Outreach
Child Welfare
Kevin Reilly, Supervisor
Kelly Ganster, FDW
Heidi Gerth, CPSOP I
Julie Johnson, CPSOP I
Brittany Krumbeck, CPSOP I
Erica Lowrey, CPSOP I
Brianne Macemon, CPSOP I
Brittany Miller, CPSOP I
Katie Schickowski, CPSOP I
Jenny Witt, CPSOP I
Intake
Laura Wagner, Supervisor
Jill Davy, Intake/OnCall
Rhea Ellestad, Intake/Oncall
Sandra Gaber, Intake/Oncall
Kelly Ganzow, Intake/Oncall
Rebecca Gregg, Intake/Oncall
Katie Mannix, Intake/Oncall
Melinda Moe, Intake/Oncall
Michelle Rushton, Intake/OnCall
Andrea Szwec, Intake/Oncall
Ashley Timmerman, Intake/Oncall
April Zamzow, Intake/Oncall
Birth to Three
Elizabeth Boucher, Supervisor
Elizabeth Boucher, 0-3 Supervisor
Tonya Buskager, EI Teacher
Lynette Holman, EI Serv Coord
Carolina Reyes, EI Serv Coord
Elizabeth Schmidt, EI Teacher
Jillian VanSickle, EI Teacher
Juvenile Justice
Jessica Godek, Supervisor
Rebecca Brown, HSP I
Jessica Breezer, HSP I
Amber Brozek, Comm Outreach
Kelly Conger, HSP I
Amy Junker, HSP I
Donna Miller, HSP I
Elizabeth Stillman, Comm Outreach
Kenny Strege, Comm Outreach
Foster Care Coordinator
Diane Wendorf


Economic Support Division
Jill Johnson, Manager
Kathleen Busler, Economic Support Specialist I
Maria Dabel, Community Outreach Worker
Rose Engelhart, Economic Support Specialist II
Lea Flores, Economic Support Specialist II
Susan Hoenecke, Economic Support Specialist II
Tonya Schneider, Economic Support Specialist I
TaShunda Scott, Economic Support Specialist I
Deona Simmons, Economic Support Specialist I
Jan Timm, Administrative Assistant I
Mary Wendt, Economic Support Specialist II
Judy Wollin, Administrative Assistant I
Susan Zoellick, Economic Support Specialist II
Vacant, Administrative Assistant I
Economic Support
Sandy Torgerson
Ed Czupowski, Economic Support Specialist II
Meghan Harris, Economic Support Specialist II
Julie Ihlenfeld, Economic Support Specialist II
Michael Last, Economic Support Specialist II
Lindsay Merry, Economic Support Specialist I
Jolyne Pedracine, Economic Support Specialist II
Jessica Schultze, Economic Support Specialist II
Mary Springer, Economic Support Specialist II
Cheryl Streich, Economic Support Specialist II

ADMINISTRATION SERVICES DIVISION

~Providing support, maintenance, and fiscal oversight to the Department~

The Administrative Services Division provides support, maintenance, and fiscal oversight for the department. To complete the necessary work, there are three sections overseen by a division manager.

The fiscal team consists of nine full time employees, and one volunteer. They ensure that all accounting, billing for client insurance, protective payee payments, client financial ability to pay reviews, data tasks, and all financial reports are accomplished for the department.

The Maintenance team consists of a supervisor, four full time employees and two part time employees. They ensure that the buildings and grounds are in working order.

The Support Staff team consists of an Office Manager/Supervisor, six full time employees, and two part time staff who are employed through Experience Works. They ensure that phones are answered, appointments are scheduled, records are maintained and filed, and all other support duties are completed.

ADMINISTRATIVE SERVICES TEAMS

Fiscal

Support Staff

Maintenance

FISCAL

~Ensuring fiscal responsibility to the citizens of Jefferson County~

Fiscal Statement Summary
December Final, 2013
(unaudited)

A positive fund balance of $664,435 ended for the year. $180,248.34 for prepaid assets was moved from the financial statement to the balance sheet. This is a transaction that takes place at year end and is not included in the forecast during the year (not available to be spent). Operations have a favorable balance of $65,288. Non Lapsing Request for 2013 of $664,435 was approved by the full board.

Major Classifications impacting the favorable balance are as follows:

Summary of variances:

Revenue: Overall Revenues are favorable by $36,671. There is a reclassification from collections to state revenue for CLTS revenue and Income Maintenance per auditor/state guidelines.

Note: Revenues/Expenses need to be booked for WPS-TPA payments/revenue ($264,570) for Waiver Programs. This is a change from the budget. The State changed the directive on how this has to be recorded.
Expenditures: Favorable by $401,680. See note above concerning WPS-TPA.

Our 2013 budget includes the carryover from 2012 in the amount of $599,147, i.e. our non-lapsing expenditures. This tax levy revenue can be found in the "Fund Balance Unreserved" category on our balance sheet.

Major Classifications Impacting Budget:

Personnel & Operating Costs This area was favorable by $616,987.

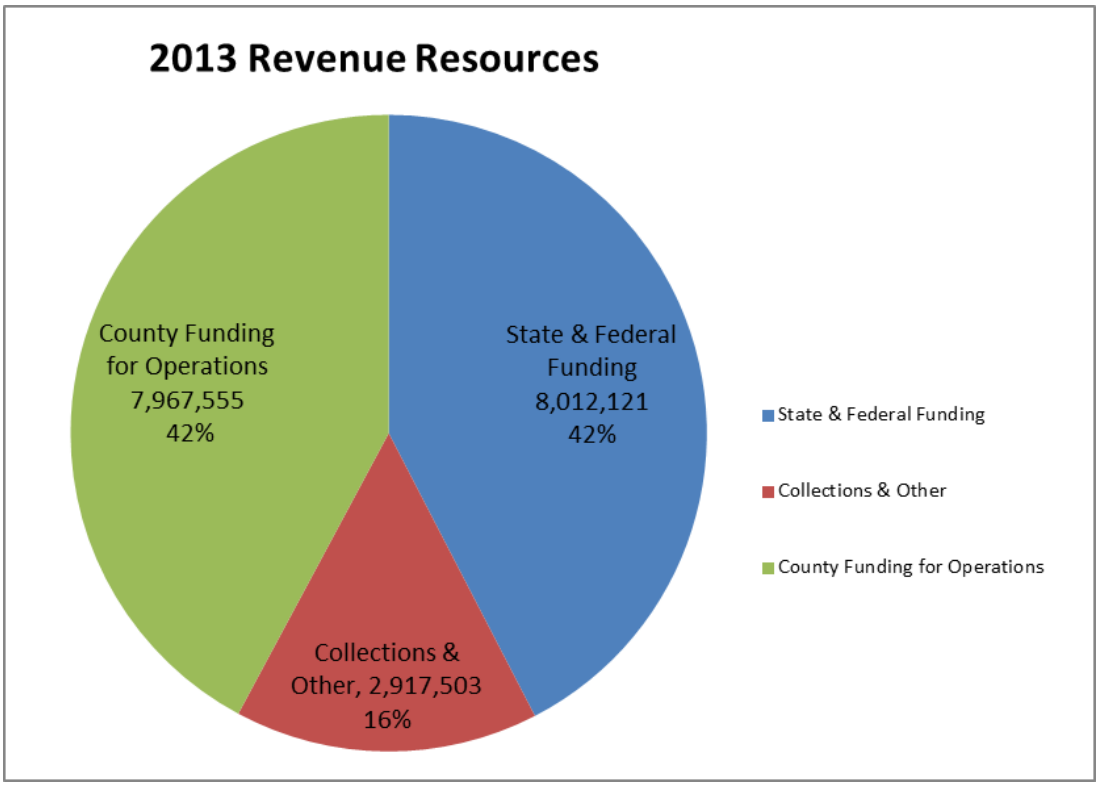
- **Salary over budget by $71,606:** No overtime was budgeted and we did incur $24,582 of overtime. In addition we had payout for staff that retired. Some of the overtime was in the ADRC area but the state provided additional revenue

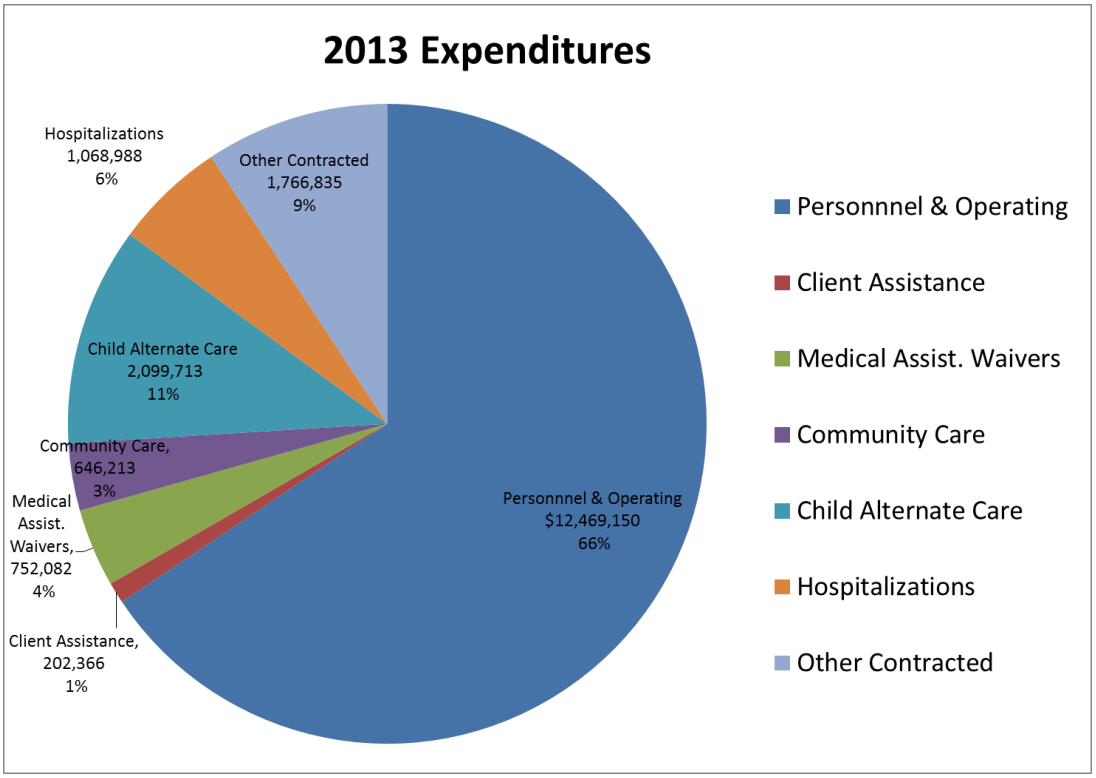
- **Fringes were favorable by $305,635**

- **Operating Costs under budget by $381,156 -** 2012 Carry over funds for children's area had a late start due to waiting for approval and then selecting provider/contract etc. These funds ($150,000) are being carried forward to 2014.

- **Children Alternate Care over budget by $476,278 offset by savings for children waiver of $240,247**: This amount is without the TPA Expenditures/Revenue. Savings from budget offsets the Children Alternate Care variance. Bottom line is $236,031 over budget for 2013.

- **Hospital/Detox over budget by $192,107 (Net basis)** In 2012 actual activity which was $840,168 for 2013 a budget of $888,501 was approved. Actual net basis came in at $1,068,988 due to increased utilization.





- The chart above does not include Depreciation/County/Indirect Costs reportable to the State, but is not on the Human Services Ledgers (County levy)

- The Economic Support Consortium and Third Party Administrator waiver funds were reclassified as a State Resource.

FINANCIAL REPORTS

The Financial Reports below summarize Department resources and expenditures by source and type, by target group, and by service type. Data is presented in numeric and pie chart formats. Total resources for 2013, including County tax levy, were $18,962,469. Total expenditures were $18,897,180.

2013 Resources & Expenditures

(unaudited)

RESOURCES:	2012 ACTUAL	2013 ACTUAL	2013 BUDGET	2013 VARIANCE
State & Federal Funding	$ 6,307,231	$ 8,012,121	$ 6,324,987	1,687,134
Collections & Other	4,513,496	2,917,505	4,567,968	-1,650,463
County Funding for Operations	7,814,617	8,032,843	8,032,843	0
Total Resources	$ 18,635,344	$ 18,962,469	$ 18,925,797	$ 36,671

EXPENDITURES:	2012 ACTUAL	2013 ACTUAL	2013 BUDGET	2013 VARIANCE
Personnnel & Operating	$ 11,751,589	$ 12,469,150	$ 13,086,137	616,987
Client Assistance	273,435	202,366	271,127	68,761
Medical Assist. Waivers	844,993	643,916	727,759	83,843
Community Care	829,443	646,213	807,522	161,309
Child Alternate Care	1,987,305	2,099,713	1,623,435	-476,278
Hospitalizations (net balance)	840,168	1,068,988	888,501	-180,487
Other Contracted	1,898,714	1,766,835	1,894,379	127,544
Total Expenditures	$ 18,425,647	$ 18,897,180	$ 19,298,860	$ 401,680

SUMMARY	2012 BALANCE	2013 BALANCE	2013 PERCENT of BUDGET
Surplus from operations	$ 1,017,571	$ 65,288	0.34%
2012 Carry Forward		$ 599,147	
Total Net Surplus		$ 664,435	3.44%

2013 operations resulted in a net surplus of $484,187 prior to moving prepaid insurance ($180,248) to the Balance Sheet (2.50% of total budget), which $0 was lapsed into the County General Fund; Non Lapsing Request for 2013 -$664.435 was approved.

Depreciation	142,626
County Indirect Cost	591,219
	733,845

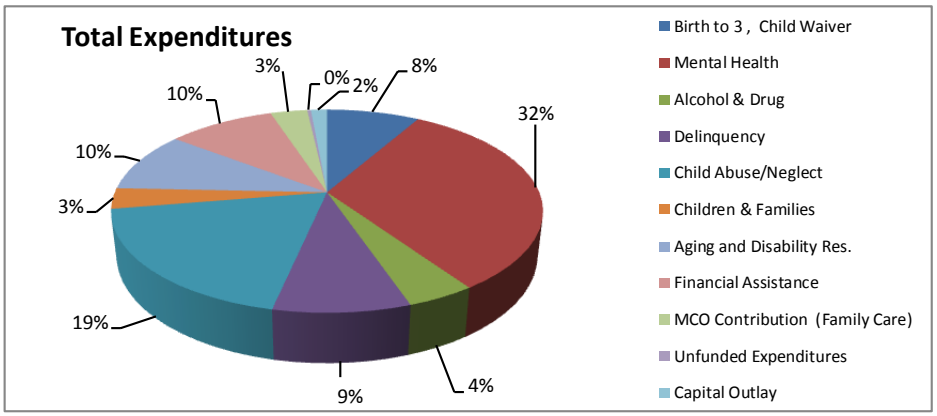
Depreciation/County/ Indirect Costs reportable to state but not on Human Services Ledgers (County levy).

Note: Reclassified Consortium Economic Support and Waiver TPA as State Payment

2013 Costs by Target Group

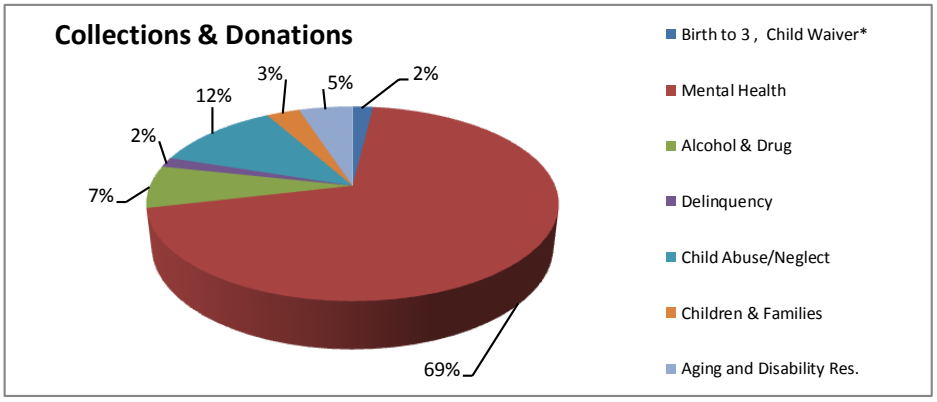
(does not include Depreciation & County Indirect Cost in pie chart)

Total Expenditures	
Birth to 3 , Child Waiver	1,570,440
Mental Health	6,061,659
Alcohol & Drug	822,952
Delinquency	1,636,126
Child Abuse/Neglect	3,586,263
Children & Families	623,139
Aging and Disability Res.	1,827,246
Financial Assistance	1,811,167
MCO Contribution (*Family Care)*	625,097
Unfunded Expenditures	59,174
Capital Outlay	273,917
TOTAL	18,897,180

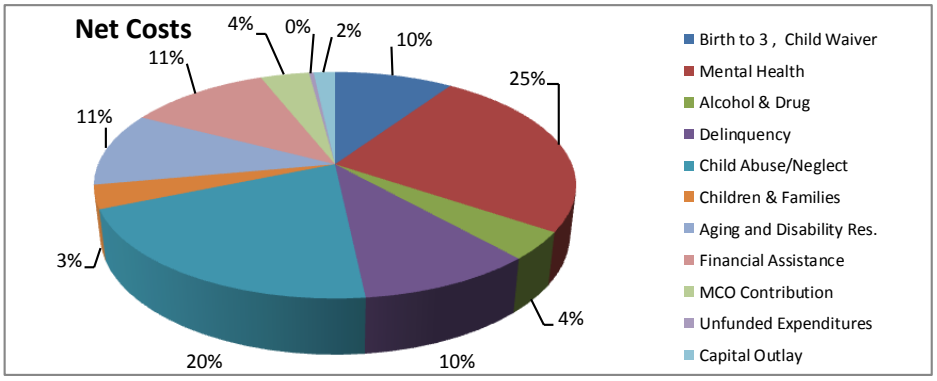


Collections & Donations	
Birth to 3 , Child Waiver*	52,926
Mental Health	2,079,279
Alcohol & Drug	193,393
Delinquency	44,771
Child Abuse/Neglect	324,116
Children & Families	84,906
Aging and Disability Res.	138,112
TOTAL	2,917,503

Reclassified Consortium Economic Support and Waiver TPA as State Payment

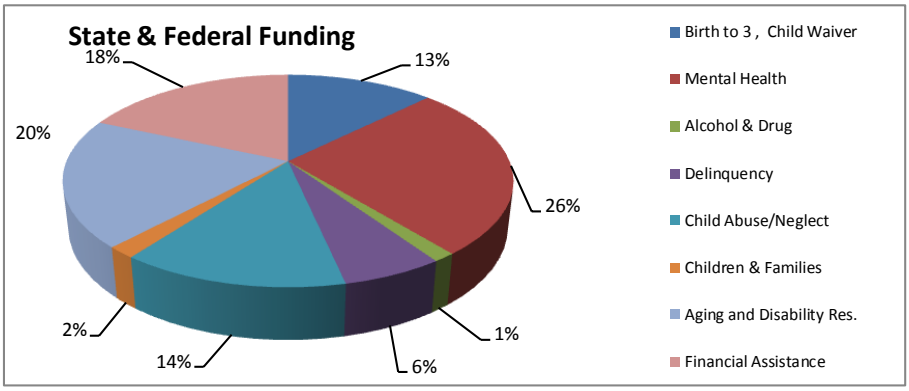


Net Costs	
Birth to 3 , Child Waiver	1,517,514
Mental Health	3,982,379
Alcohol & Drug	629,559
Delinquency	1,591,355
Child Abuse/Neglect	3,262,147
Children & Families	538,233
Aging and Disability Res.	1,689,134
Financial Assistance	1,811,167
MCO Contribution	625,097
Unfunded Expenditures	59,174
Capital Outlay	273,917
TOTAL	15,979,676

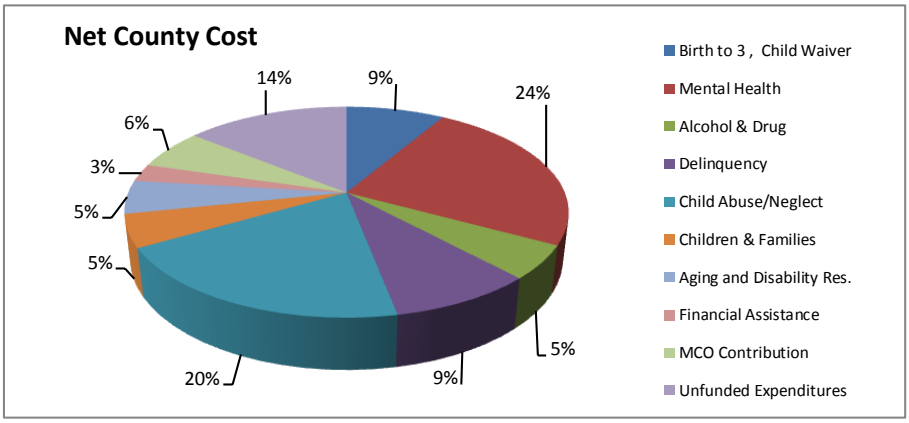


State & Federal Funding	
Birth to 3 , Child Waiver	1,012,829
Mental Health	2,116,287
Alcohol & Drug	109,299
Delinquency	492,762
Child Abuse/Neglect	1,101,345
Children & Families	139,970
Aging and Disability Res.	1,567,113
Financial Assistance	1,472,516
TOTAL	8,012,121

Reclassified Consortium Economic Support and Waiver TPA as State Payment



Net County Cost	
Birth to 3 , Child Waiver	504,685
Mental Health	1,866,092
Alcohol & Drug	520,260
Delinquency	1,098,593
Child Abuse/Neglect	2,160,802
Children & Families	398,263
Aging and Disability Res.	122,021
Financial Assistance	338,651
MCO Contribution	625,097
Unfunded Expenditures	59,174
Capital Outlay	273,917
Tax Levy for Operations	7,967,555



NOTE Calculation of Levy	
Note Budget Tax Levy	8,032,843
Less: Net Positive Balance from op	65,288
Tax Levy from Operations	**7,967,555**
Net Positive Balance from operatic	65,288
Reserve from Balance sheet for No	599,147
2013 Non Lapsing Request approved to be carried forward	**664,435**

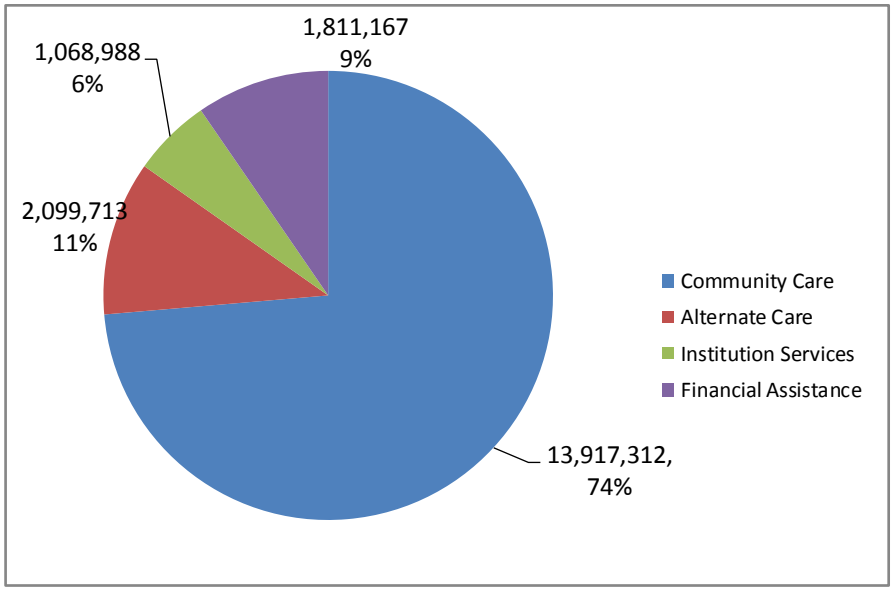
Tax levy from Operations	7,967,555
Depreciation	175,898
County Indirect Cost	591,219
Total Tax Levy	**8,734,672**

Depreciation/County/ Indirect Costs reportable to state but not on Human Services Ledgers.

Costs by Service Type

Total Expenditures	
Community Care	13,917,312
Alternate Care	2,099,713
Institution Services	1,068,988
Financial Assistance	1,811,167
TOTAL	18,897,180

(does not include Depreciation & County Indirect Cost in pie chart)



In 2013 actual expenditures for our total budget increased by 2% over 2012 actual in both Institutional Services and Community Care with the reduction coming from Alternate Care Service.

Over the last 5 years, we have endeavored to review all department systems for cost savings. The vehicle expense chart below is one example. In 2009 we paid to staff $291,421. Over the last four years, we have added additional vehicles and have seen an average saving of approximately $64,675 per year, even with additional vehicle expenses. The chart below summarizes this data with 2009 being the base year.

5 Year Comparison of Mileage and Vehicle Expenses					
	2009	**2010**	**2011**	**2012**	**2013**
Total Mileage	$269,112	180,174	155,922	160,553	153,189
Gas/Diesel	$16,464	20,604	32,298	41,206	46,078
Non Capital Auto	$8	9,001	13,007	9,509	19,018
Sale Squad Vehicles	$0	0	-1,495	-1,988	-400
Vehicle Parts & Repairs	$5,837	11,413	16,910	17,954	24,033
Total Expense	$291,421	$221,192	$216,642	$227,234	$241,918
Savings Compared to Base Year	**-**	**70,229**	**74,779**	**64,187**	**49,504**

DONATIONS AND GRANTS 2013		
DONATIONS	**Amount**	**Program**
Anonymous	$ 50.00	Ready Kids for School
Spacesaver	$ 100.00	Ready Kids for School
Helen Davis Foundation	$ 100.00	Incredible Years
Total Donations	**$ 250.00**	
GRANTS	**Amount**	**Program**
United Way of Jefferson & Walworth Counties	$ 500.00	Incredible Years
United Way of Jefferson & Walworth Counties	$ 500.00	Incredible Years
United Way of Jefferson & Walworth Counties	$ 500.00	Incredible Years
United Way of Jefferson & Walworth Counties	$ 625.00	Incredible Years
Watertown Area United Way	$ 1,500.00	Birth to 3
Watertown Area United Way	$ 1,500.00	Incredible Years
Watertown Area United Way	$ 3,000.00	Incredible Years
Watertown Area United Way	$ 250.00	Wraparound
Watertown Area United Way	$ 250.00	Wraparound
Total Grants	**$ 8,625.00**	
Total Donations & Grants	**$ 8,875.00**	

MANAGEMENT OVERHEAD COST COMPARISON - Six Year Comparison

MANAGEMENT	2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013
Expenditure												
Wages - Regular	557,597	517,376	396,555	461,965	499,950	482,243	100%	92.79%	71.12%	82.85%	89.66%	86.49%
Wages-Overtime	5,980	0	0	905	0	0	100%	0.00%	0.00%	15.13%	0.00%	0.00%
Wages-Regular Overtime	357	0	0	0	0	0	100%	0.00%	0.00%	0.00%	0.00%	0.00%
Wages-Sick Leave	28,440	65,935	24,852	14,836	15,024	16,592	100%	231.84%	87.38%	52.17%	52.83%	58.34%
Wages-Vacation Pay	55,358	71,251	34,431	43,036	44,160	52,324	100%	128.71%	62.20%	77.74%	79.77%	94.52%
Wages-Longevity Pay	3,122	2,866	1,253	1,973	2,424	2,544	100%	91.78%	40.13%	63.20%	77.64%	81.48%
Wages-Holiday Pay	24,839	23,378	20,329	19,202	22,912	23,012	100%	94.12%	81.84%	77.31%	92.24%	92.64%
Wages-Miscellaneous(Comp)	6,494	8,939	17,743	17,536	18,371	14,778	100%	137.64%	273.22%	270.03%	282.89%	227.56%
Wages-Bereavement	764	509	599	1,022	0	462	100%	66.66%	78.40%	133.77%	0.00%	60.52%
Wages-Death Benefit	1,839	0	0	0	0	0	100%	0.00%	0.00%	0.00%	0.00%	0.00%
Social Security	52,405	54,208	38,058	42,774	45,427	44,537	100%	103.44%	72.62%	81.62%	86.68%	84.99%
Retirement (Employer)	31,432	28,281	23,005	30,341	35,801	39,506	100%	89.98%	73.19%	96.53%	113.90%	125.69%
Retirement (Employee)	40,958	37,015	29,664	21,012	-7	0	100%	90.37%	72.43%	51.30%	-0.02%	0.00%
Health Insurance	221,462	212,410	146,728	142,478	136,585	146,608	100%	95.91%	66.25%	64.34%	61.67%	66.20%
Life Insurance	452	400	276	299	335	347	100%	88.43%	61.06%	66.15%	74.12%	76.76%
Dental Insurance	10,141	10,046	7,618	9,138	8,960	9,346	100%	99.06%	75.12%	90.11%	88.35%	92.16%
Per Diem	7,480	7,530	6,325	5,720	6,545	6,050	100%	100.67%	84.56%	76.47%	87.50%	80.88%
Advertising	0	303	0		47	61	100%	0.00%	0.00%	0.00%	100.00%	129.36%
Board Member Training	611	465	775	690	509	140	100%	76.10%	126.84%	112.93%	83.31%	22.91%
Registration	1,607	565	874	1,315	2,046	-2,528	100%	35.16%	54.39%	81.83%	127.32%	8.71%
Mileage	4,949	3,887	3,545	3,524	4,520	4,323	100%	78.55%	71.63%	71.21%	91.33%	-51.08%
Other Insurance		3,540	2,692		0	0	100%					
MANAGEMENT	**1,056,287**	**1,048,903**	**755,322**	**817,766**	**843,609**	**840,345**	**100%**	**99.30%**	**71.51%**	**77.42%**	**79.87%**	**79.56%**
Maintenance Personnel												
Expenditure												
Wages - Regular	227,723	180,279	187,961	197,162	199,615	190,648	100%	79.17%	82.54%	86.58%	87.66%	83.72%
Wages - Overtime						277	100%	0.00%	0.00%	0.00%	0.00%	100.00%
Wages - Other						6,405	100%	0.00%	0.00%	0.00%	0.00%	100.00%
Wages-Sick Leave	9,330	1,718	3,436	2,164	2,544	2,312	100%	18.41%	36.83%	23.19%	27.27%	24.78%
Wages-Vacation Pay	14,139	14,923	14,951	14,095	14,620	16,966	100%	105.54%	105.74%	99.69%	103.40%	120.00%
Wages-Longevity Pay	844	751	786	1,156	1,201	954	100%	89.01%	93.13%	136.97%	142.30%	113.00%
Wages-Holiday Pay	6,874	7,118	8,439	7,119	7,694	7,547	100%	103.55%	122.77%	103.56%	111.93%	109.79%
Wages-Miscellaneous(Comp)	2,287	924	916	1,945	2,217	2,360	100%	40.41%	40.05%	85.05%	96.94%	103.21%
Wages-Bereavement	524	0	542	1,476	0	551	100%	0.00%	103.44%	281.68%	0.00%	105.24%
Sub total Wages	**261,721**	**205,713**	**217,031**	**225,117**	**227,891**	**228,020**	**100%**	**78.60%**	**82.92%**	**86.01%**	**87.07%**	**87.12%**
Social Security	20,419	16,212	16,680	17,197	17,232	17,271	100%	79.39%	81.69%	84.22%	84.39%	84.58%
Retirement (Employer)	11,240	9,557	10,140	12,155	13,515	15,044	100%	85.03%	90.21%	108.14%	120.24%	133.85%
Retirement (Employee)	14,661	12,524	13,090	8,452	0	0	100%	85.42%	89.28%	57.65%	0.00%	0.00%
Health Insurance	55,859	62,345	69,751	62,736	43,297	45,340	100%	111.61%	124.87%	112.31%	77.51%	81.17%
Life Insurance	80	123	123	128	130	125	100%	153.25%	153.75%	160.00%	162.50%	155.73%
Dental Insurance	2,388	2,944	3,431	3,424	3,257	3,633	100%	123.28%	143.68%	143.38%	136.39%	152.12%
Maintenance Personnel Cost	**366,368**	**309,418**	**330,246**	**329,209**	**305,322**	**309,432**	**100%**	**84.46%**	**90.14%**	**89.86%**	**83.34%**	**84.46%**

MANAGEMENT OVERHEAD COST COMPARISON - Six Year Comparison

	2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013
Overhead												
Unemployment Compensation	(62)	787	22,574	11,537	10,060	-1,137	100%	-1269.03%	-36409.68%	-18608.06%	-16225.81%	1833.37%
Workers Compensation	2,356	6,213	29,354	28,635	10,588	315	100%	263.70%	1245.93%	1215.41%	449.41%	13.36%
Legal	2,271	3,548	3,451	4,705	6,648	4,145	100%	156.25%	151.96%	207.18%	292.73%	182.50%
Accounting & Auditing	10,801	16,349	16,546	17,199	18,566	17,199	100%	151.37%	153.19%	159.24%	171.89%	159.24%
Other Professional Serv	2,400	88	0	0	0	0	100%	3.67%	0.00%	0.00%	0.00%	0.00%
Computer Support	825	0	5,392	5,311	1,856	1,887	100%	0.00%	653.58%	643.76%	224.97%	228.67%
Clearing House Services				1,844	3,462	2,846				100.00%	100.00%	100.00%
Grounds Keeping Charges	7,138	8,841	10,700	14,994	13,649	18,352	100%	123.86%	149.90%	210.06%	191.22%	257.10%
Purchase Care & Services	0	0	83		0	0	100%		100.00%			
Computer Equipment	46,243	2,834	32,147	46,223	45,831	68,449	100%	6.13%	69.52%	99.96%	99.11%	148.02%
Noncapital Auto	12,000	8	9,001	13,007	9,509	19,018	100%	0.07%	75.01%	108.39%	79.24%	158.48%
Office 2007 Upgrade	33,168	0	0	0	0	0	100%	0.00%	0.00%	0.00%	0.00%	0.00%
Postage & Box Rent	22,672	29,815	950	21,585	25,563	28,521	100%	131.51%	4.19%	95.21%	112.75%	125.80%
Office Supplies	46,935	41,279	40,517	41,434	43,548	46,592	100%	87.95%	86.33%	88.28%	92.78%	99.27%
Printing & Duplicating	2,413	6,552	6,955	10,429	12,427	11,392	100%	271.53%	288.23%	432.20%	515.00%	472.10%
Small Items Of Equip	2,802	730	139	1,503	8,745	14,693	100%	26.05%	4.96%	53.64%	312.10%	524.38%
Instructional Material	382	0	89	158	0	0	100%	0.00%	23.30%	41.36%	0.00%	0.00%
Membership Dues	1,593	1,461	950	1,180	1,585	4,575	100%	91.71%	59.64%	74.07%	99.50%	287.16%
Advertising	12,111	5,269	4,055	7,381	7,476	7,622	100%	43.51%	33.48%	60.94%	61.73%	62.93%
Educational Supplies	935	464	154	0	865	2,126	100%	49.63%	16.47%	0.00%	92.51%	227.37%
Other Operating Expenses	2,585	2,413	20	820	55	110	100%	93.35%	0.77%	31.72%	2.13%	4.26%
Gasoline, Oil, Fuel	16,257	14,150	18,255	28,759	37,501	40,820	100%	87.04%	112.29%	176.90%	230.68%	251.09%
Water	4,516	4,574	4,618	4,459	4,483	5,422	100%	101.28%	102.26%	98.74%	99.27%	120.07%
Electric	68,905	68,502	75,944	72,773	74,852	75,399	100%	99.42%	110.22%	105.61%	108.63%	109.42%
Sewer	4,104	4,202	4,335	4,331	4,467	4,917	100%	102.39%	105.63%	105.53%	108.85%	119.81%
Natural Gas	34,402	29,997	25,622	23,532	19,558	22,060	100%	87.20%	74.48%	68.40%	56.85%	64.13%
Telephone & Fax	49,248	44,464	46,147	49,090	50,750	54,105	100%	90.29%	93.70%	99.68%	103.05%	109.86%
Internet	943	1,072	1,391	1,284	1,286	1,284	100%	113.68%	147.51%	136.16%	136.37%	136.14%
Storm Water Utility	1,630	2,133	2,133	1,509	2,133	2,133	100%	130.86%	130.86%	92.58%	130.86%	130.89%
Wireless Internet				6,204	27,452	23,697	100%			100.00%	442.49%	381.96%
Maintain Machinery & Equip	43,637	34,414	26,958	36,042	51,810	35,932	100%	78.86%	61.78%	82.60%	118.73%	82.34%
Ground & Ground Improvement	360	211	9,226	12,490	7,292	5,923	100%	58.61%	2562.78%	3469.44%	2025.56%	1645.15%
Bldg Repair & Maint			1,440	1,440	3,209	2,199	100%		100.00%	100.00%	222.85%	152.71%
Refuse Collection			3,568	3,795	3,449	3,024	100%		100.00%	106.36%	96.66%	84.75%
Household & Janitorial Supp	17,040	14,689	14,105	17,459	17,734	19,568	100%	86.20%	82.78%	102.46%	104.07%	114.84%
Other Supplies				277	0	0				100.00%		
Vehicle Parts & Repairs	7,074	5,837	11,413	16,910	17,699	23,916	100%	82.51%	161.34%	239.04%	250.20%	338.08%
Repair & Maintenance	25,305	22,338	18,797	28,897	44,487	24,808	100%	88.28%	74.28%	114.19%	175.80%	98.04%
Green Initiatives				23,721	4,466	864				100.00%	18.83%	3.64%
Data Processing Inter-D	186,370	300,578	224,152	276,266	306,116	297,570	100%	161.28%	120.27%	148.24%	164.25%	159.67%
I.P. Telephony	23,456	74,748	24,358	19,069	21,844	26,654	100%	318.67%	103.85%	81.30%	93.13%	113.63%
Duplicating Allocation		8,818	6,595	4,654	7,141	3,961		100%	74.79%	52.78%	80.98%	44.92%
Other Insurance	85,900	9,071	8,631	46,541	44,898	49,719	100%	10.56%	10.05%	54.18%	52.27%	57.88%
Prior Year Expenditures	0	(4,390)	0	-207		0	100%					
Miscellaneous Expenditures	320	2,000	1			0	100%	625.00%	0.31%	0.00%	0.00%	0.00%
MIS Direct Charges			3,491		0	0	100%					
Overhead Expenditure Total	**779,035**	**764,060**	**714,257**	**907,240**	**973,060**	**970,676**	**100%**	**98.08%**	**91.68%**	**116.46%**	**124.91%**	**124.60%**

Note: * Includes Income Maintenance Utilites for comparison purpose

Moved Utilities for Work Force Building to Income Maintenance for comparison included for this report

Note: In 2013 purchased computer equipment that was scheduled to be purchased in 2014.

REVIEW OF 2013 GOALS:

1. **Assist in the implementation of electronic records across the agency:** Electronic notes were implemented in July of 2013. This has helped staff to be more organized, efficient, and has reduced the workload for filling and auditing records for compliance requirements.

2. **Timely billing of services within 90 days of date of service:** Insurance/Medicaid billing was done timely for 2013; all 2013 billing was completed by February of 2014 with the exception for one program the state was waiting for Federal approval before claims could be submitted.

3. **Documentation of billing systems:** Due to the fact that the billing system is being programed, documentation of the system will be ongoing until the billing program is complete.

4. **Documentation of contracting process:** Documentation of the fiscal process has been completed. Fiscal staff are working with managers to document what steps they need to perform to provide the necessary information to the contract manager to initiate/change a contract when placing a client.

5. **Cross training for job functions and state reporting:** This is an ongoing goal. We have crossed trained the major functions and have manuals that document the process and steps that need to occur if someone is out for any length of time.

6. **Protective Payee**: Provides financial services to clients and below is statistical information for these services.

	Year	Year
Protective Payee	**2012**	**2013**
Clients	189	159
Social Security Review	238	185
Review Budgets	853	1017
Problem Solving & Resolution	1260	1214
Avg. Checks per month	1260	1213
Calls per month Range	495-258	511-945

2014 GOALS:

The overall goal for the Fiscal Division is to maximize revenue while ensuring compliance with all county, state, and federal guidelines

1. **Electronic Intervention Crisis Assessment (ICA) Implementation**: The Electronic Intervention Crisis Assessment is being automated. In the past, this function has been a manual process. With the electronic version it will update various systems that duplicated data had to be entered previously. It will provide electronic health records including an Assessment, Response and Linkage and Follow-Up notes. It will also electronically update the eDAL (electronic Daily Activity Log) for staff and the AS400 Intake system used by staff.

2. **Complete two continuous quality improvement projects using the NIATx model for 2014.**

3. **Assist in the implementation of MH System-** This will provide electronic clinical Forms

4. **PPS System, Openings/Closings/Uploads:** Work with MIS to make state changes for PPS system.

5. **Prior Authorizations:** Work with MIS to develop a system to initiate prior authorizations and track when they are up for renewal.

6. **Finalize program managers documentation of contract process:** Work with managers to document their process of providing the contract manager with the necessary information to initiate/change a contract when placing a client

7. **Billing rejects tracking/Follow up on denials –** Currently this is being done but we would like to be able to have a system that tracks why we are getting denials and be able to follow up with the insurance companies. Currently we have no reports to be able to access this information.

8. **Implementation of new report for reviewing Client's ability to pay on an annual basis:** The report that was developed cross reference the appointment calendar with when the client is due for their financial review. This allows staff to notify the receptionist to make sure they meet with the financial counselor.

9. **Timely billing of services within 90 days of date of service**: Ongoing goal.

10. **Cross training for job functions and state reporting:**
    This is an ongoing goal. We have crossed trained the major functions and have manuals that document the process and steps that need to occur if someone is out for any length of time.

MAINTENANCE

~Ensuring that all functions of the buildings and grounds are in safe, working order~

Review of Utility Costs
Health/Human, Workforce/UW Extension, Lueder House and Hillside Buildings

This is our fifth year of tracking energy costs for the Department buildings. As I read the graphs, only the gas used spikes in fall and winter. The gas used graph shows a spike in use starting in early fall and continuing to rise into winter. In 2013, Wisconsin experienced its coldest winter in years. The 12 month average temperature was 10 degrees colder than normal. During 2013, the department buildings also experienced increased use.

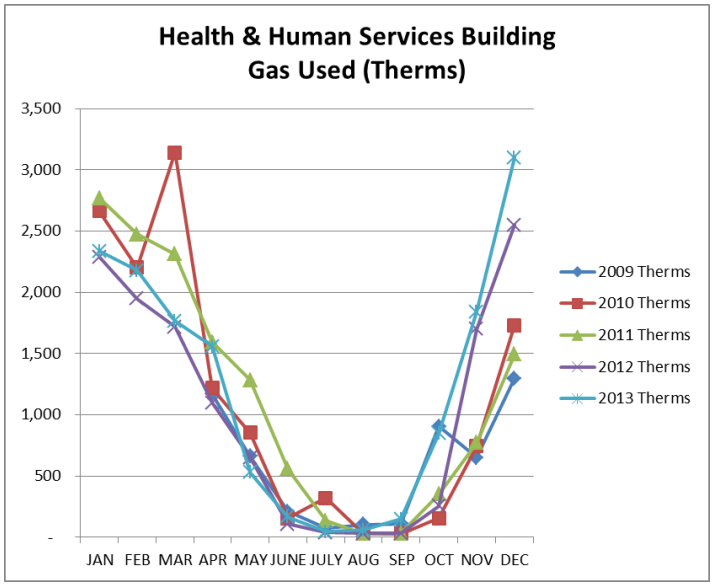
Maintenance continues to find ways to conserve energy. One example is the Hillside roof project where I specified ridged insulation be added under the roof membrane. This eliminated ice damming and reduced heat loss from the roof. Additionally, the 2014 budget includes money to change out our parking lot lights from high pressure sodium to more efficient LED. This addition will save on utility and maintenance costs over time while improving both security and safety.

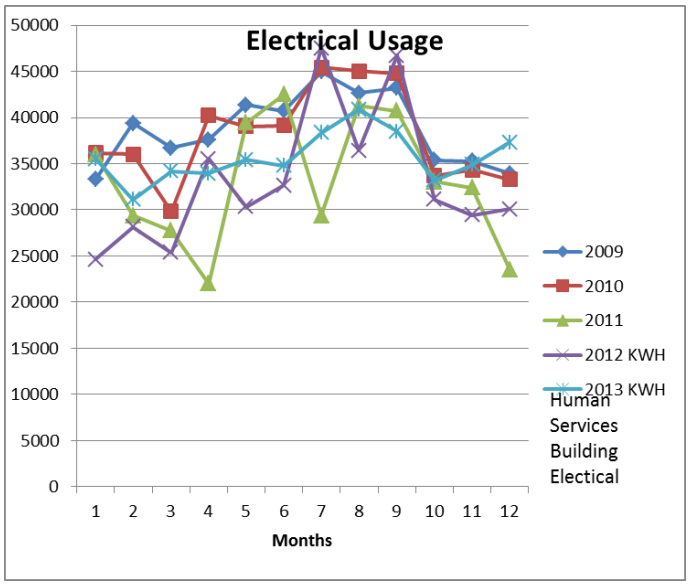
Also, five air-conditioning units are being replaced at Hillside this spring with more efficient Energy Star and higher SEER rated units.

HEALTH & HUMAN SERVICES

Health & Human Service Bldg. Gas Used (Therms)					
Month	2009 Therms	2010 Therms	2011 Therms	2012 Therms	2013 Therms
JAN		2,663	2,772	2,287	2,338
FEB		2,203	2,476	1,948	2,178
MAR		3,141	2,311	1,716	1,766
APR	1,170	1,218	1,592	1,099	1,558
MAY	659	854	1,283	651	531
JUNE	210	153	558	105	165
JULY	72	319	134	37	44
AUG	102	27	27	31	58
SEP	109	27	29	30	146
OCT	903	153	350	254	846
NOV	649	742	772	1,699	1,840
DEC	1,298	1,730	1,493	2,550	3,102

Electric Usage - KWHours - Human Services Building										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
J	41760	40560	43280	43120	41360	33280	36160	36000	24640	35520
F	42960	46240	38720	52160	48080	39360	36000	29360	28160	31120
M	36720	38880	46160	42640	32080	36720	29840	27760	25360	34160
A	44560	44960	42720	40800	38480	37600	40240	22000	35520	33920
M	39280	39040	45200	45040	37200	41360	39040	39440	30320	35440
J	40800	45760	42400	52320	51680	40720	39120	42480	32640	34800
J	52960	50080	49040	48480	41440	44960	45440	29360	47520	38320
A	49600	51920	55840	51200	43440	42640	45040	41280	36400	40880
S	48560	47200	49360	53760	47040	43200	44800	40720	46720	38480
O	40560	41840	44080	43840	43680	35360	33680	33040	31120	33200
N	40480	37680	38080	42960	47920	35280	34320	32400	29440	34880
D	43600	43920	43840	40800	42960	33920	33280	23520	30080	37280

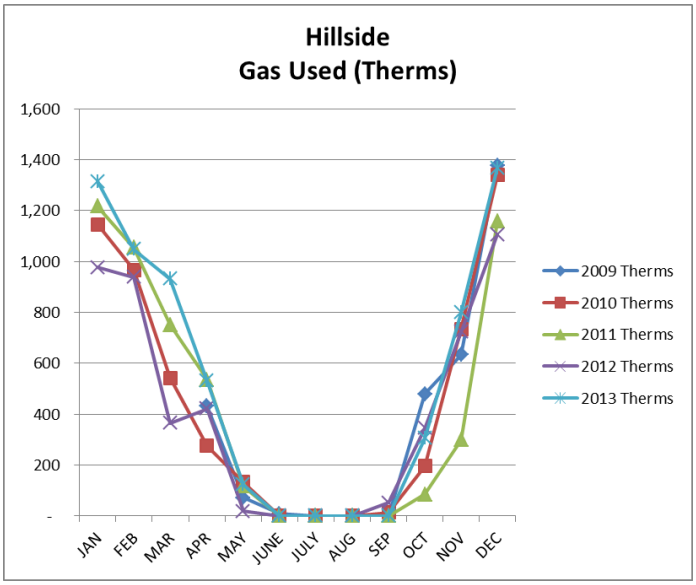


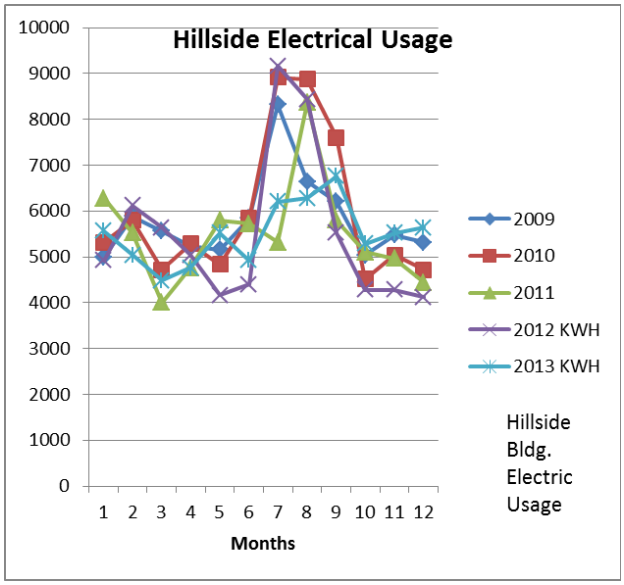


HILLSIDE

Hillside Gas Used (Therms)					
Month	2009 Therms	2010 Therms	2011 Therms	2012 Therms	2013 Therms
JAN		1,145	1,217	977	1,315
FEB		966	1,055	939	1,048
MAR		542	751	365	932
APR	430	275	535	420	531
MAY	71	132	115	17	123
JUNE	7	-	-	-	-
JULY	-	-	-	-	-
AUG	-	-	-	-	-
SEP	-	13	-	51	-
OCT	479	196	84	345	305
NOV	633	735	298	722	799
DEC	1,377	1,340	1,158	1,105	1,368

Electric Usage KW Hours - Hillside										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
J	6080	5440	6320	6120	6640	5000	5320	6280	4920	5560
F	6720	7320	5480	7240	8320	5880	5800	5520	6120	5040
M	5840	6120	6400	5760	5440	5560	4720	4000	5640	4480
A	6680	7280	5680	5280	10480	5240	5280	4760	5040	4760
M	6240	6520	4960	5800	1920	5160	4840	5800	4160	5520
J	5480	7000	6000	7960	7320	5840	5840	5720	4400	4920
J	6840	9680	7520	8640	7120	8320	8920	5320	9160	6200
A	7040	10120	9160	9360	8000	6640	8880	8360	8440	6280
S	6360	7720	7360	8760	7240	6200	7600	5800	5520	6760
O	6680	5960	5800	6560	5880	5040	4520	5100	4280	5280
N	6440	5640	5240	6920	6480	5480	5040	4960	4280	5520
D	6520	6640	6280	6480	6360	5320	4720	4440	4120	5640

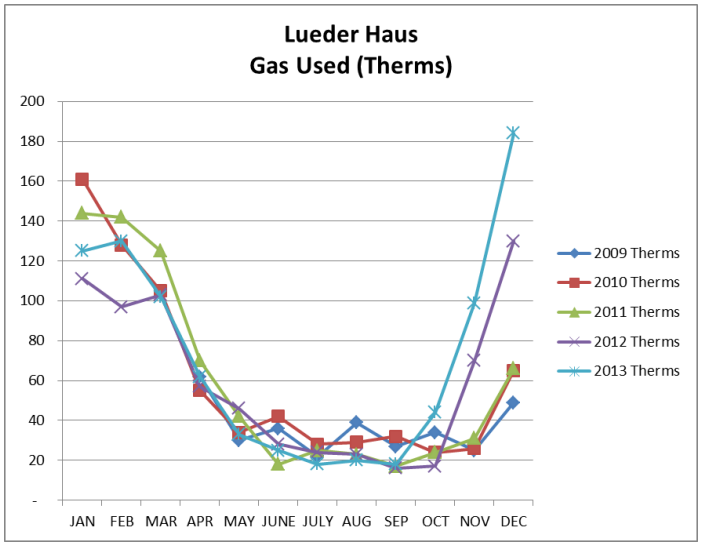


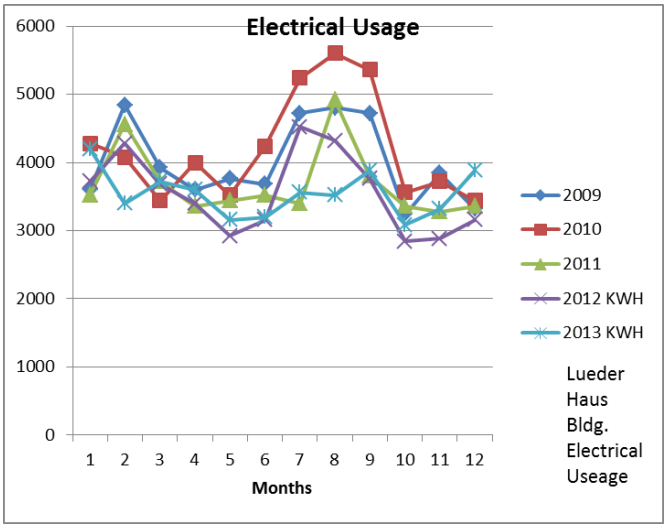


LUEDER HOUSE

Lueder Haus Gas Used (Therms)					
Month	2009 Therms	2010 Therms	2011 Therms	2012 Therms	2013 Therms
JAN		161	144	111	125
FEB		128	142	97	130
MAR		105	125	103	102
APR	62	55	70	57	62
MAY	30	34	42	46	33
JUNE	36	42	18	28	25
JULY	22	28	25	24	18
AUG	39	29	23	23	20
SEP	27	32	17	16	18
OCT	34	24	24	17	44
NOV	25	26	31	70	99
DEC	49	65	66	130	184

Electric Usage - Lueder House										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
J	4080	3920	4080	4160	4400	3600	4280	3520	3720	4200
F	4560	4960	3560	5520	5320	4840	4080	4560	4280	3400
M	3560	3360	4200	4120	3360	3920	3440	3720	3680	3720
A	4120	3840	4040	3680	3720	3600	4000	3360	3400	3600
M	3280	3360	4040	3800	3440	3760	3520	3440	2920	3160
J	3680	4320	4320	5120	4400	3680	4240	3520	3160	3200
J	4920	5800	5040	4760	4560	4720	5240	3400	4520	3560
A	4520	5960	5640	5360	4800	4800	5600	4920	4320	3520
S	4760	5160	5000	5640	4880	4720	5360	3800	3760	3880
O	3880	3960	3960	4520	3680	3240	3560	3360	2840	3080
N	3760	3040	3160	3960	3440	3840	3720	3280	2880	3320
D	4000	4280	4480	4080	4440	3320	3440	3360	3160	3880

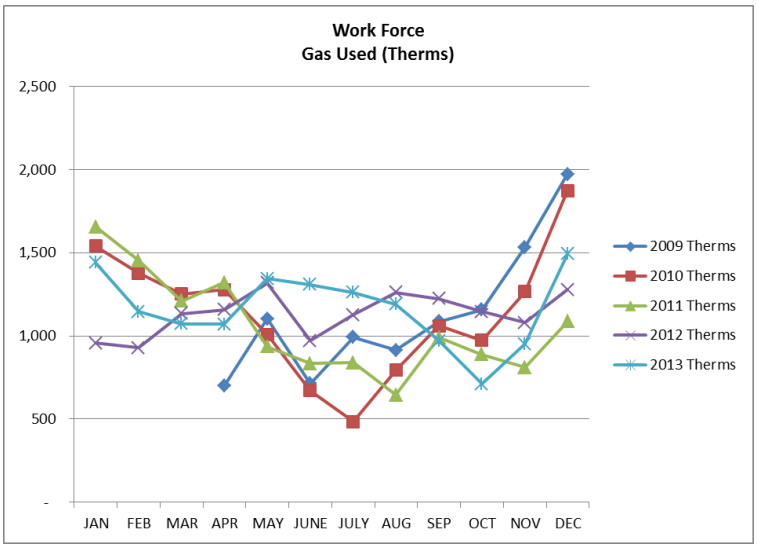


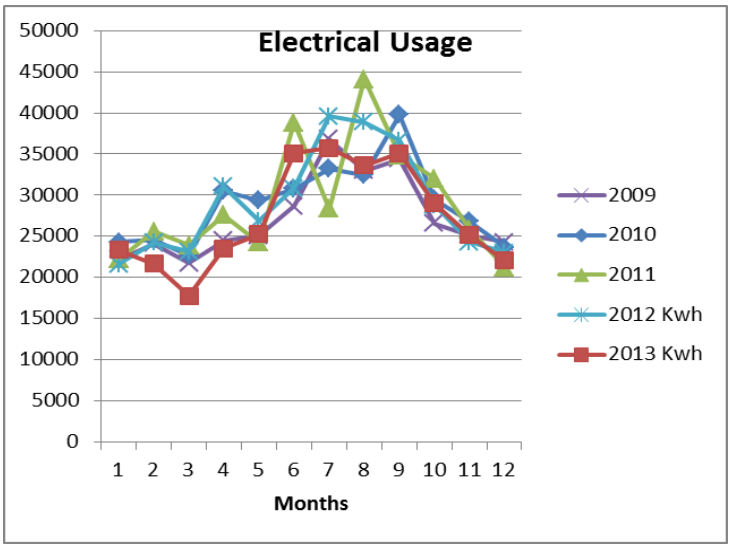


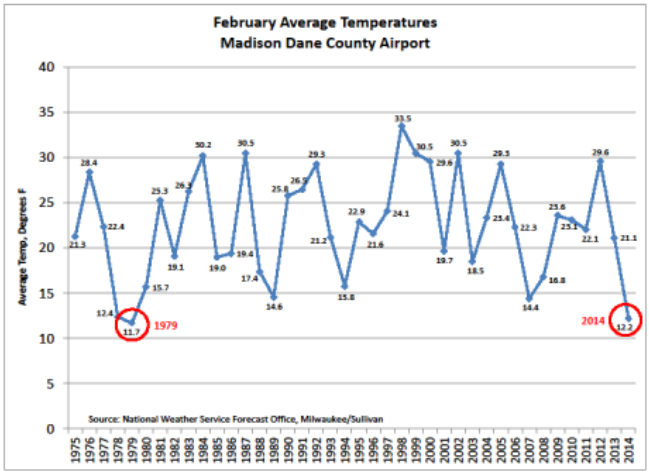
WORKFORCE DEVELOPMENT CENTER

Work Force Gas Used (Therms)					
Month	2009 Therms	2010 Therms	2011 Therms	2012 Therms	2013 Therms
JAN		1,542	1,657	958	1,442
FEB		1,378	1,454	928	1,145
MAR		1,252	1,209	1,134	1,073
APR	699	1,279	1,322	1,158	1,071
MAY	1,104	1,008	936	1,319	1,345
JUNE	713	671	833	972	1,310
JULY	992	484	839	1,127	1,263
AUG	915	794	646	1,262	1,191
SEP	1,088	1,060	989	1,224	972
OCT	1,158	973	889	1,146	712
NOV	1,535	1,266	811	1,080	952
DEC	1,974	1,874	1,086	1,278	1,493

	Electric Usage - KWHours - Workforce Development Center									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
J	16640	16000	17360	21200	22880	22160	24320	22160	21600	23360
F	16240	17680	20640	22960	24640	24080	24560	25600	24240	21680
M	16400	16320	18400	20240	16640	21760	22720	23920	23120	17760
A	19680	21520	24480	20960	20560	24480	30560	27600	31040	23520
M	19040	20320	23680	24080	24320	25040	29360	24240	26880	25280
J	25040	24240	25920	29200	30720	28640	30800	38800	30880	35120
J	23120	30160	32720	28080	25520	36800	33200	28320	39600	35760
A	26160	31920	31360	29840	27520	32960	32480	44080	38880	33600
S	25840	29760	32480	30480	29760	34400	39760	34800	36640	35120
O	22480	24320	23120	28000	27920	26560	29520	32000	28800	28960
N	20560	22720	20160	27360	26560	25120	26800	25840	24320	25120
D	20400	22240	23360	21840	24720	24320	23680	21200	23040	22080







REVIEW OF 2013 GOALS:

1. Requested budget dollars to replace Hillside roof in 2014. Money was allocated from unused funds from Capital Projects that came in under budget and the roof was completed.

2. Installed card access readers to interior doors.

3. Replaced three boilers in Health/Human Building.

4. Remodeled three work regions consisting of 24 work stations.

5. Added HVAC temperature monitoring sensors to Hillside, WDC/UWX and Health/ Human Services Buildings.

6. Replaced flooring in the Lueder House/CSP Building.

7. Added Bullet Resistant Glass at the main reception desk as well as the ADRC and Health Department reception areas.

8. Replaced 5 A/C units at Hillside. This job was budgeted in 2013 and the contract was awarded but due to weather, was postponed until the spring of 2014.

2014 GOALS:

1. Replace 5 A/C units at Hillside, carryover from 2013. Work on this project was started on 03/24/14.

2. Replace flooring in WDC/UWX Building, $10,000 is budgeted.

3. Upgrade parking lot lighting from HPS to LED fixtures.

4. Repair water damaged wall in Hillside.

5. Continue to look for ways to improve energy efficiency in the buildings.

SUPPORT STAFF

~Assisting staff and customers to ensure a seamless delivery of services~

The Support Staff is a vital team within the department working diligently behind the scenes. We help external customers by making appointments and providing information. It is imperative that our team is knowledgeable about all county resources so that we can direct customers to the proper agencies, such as local food pantries or PADA. We also process requests for the release of medical records which requires staff to understand the many statutes covered under HIPAA, Mental Health, AODA, and Child Welfare.

We assist internal customers by maintaining charts and client paperwork, typing and processing reports, making appointments, and helping with special projects. Having excellent communication skills are critical for our staff due to the constant changes throughout any given day. All staff are also crossed trained and able to backup each other to ensure a seamless delivery of services to both internal and external customers.

REVIEW OF 2013 GOALS

1. Purchase a scanner to reduce the work to prepare releases. A scanner was purchased resulting in more efficient preparation of releases. It has also allowed us to copy and save other vital documents as well as saving space in the file room.

2. Expand the closed files room. Work towards eliminating filing duplicate or unnecessary papers. The file room was expanded in April. While this has helped, our case loads have increased over the past few years and we still have a shortage of physical space.

3. Complete the Civil Rights Compliance Plan. This was completed.

4. Create a list of all forms and save to the Department database. This was completed.

2014 GOALS:

1. Complete a NIATx project.

2. Write up policy & procedure for filing from opening through purging, scanning, and retention.

3. Work towards scanning more closed documents – continue to clean up closed file room.

4. Train team on the Alternate Care Review process regarding recent changes.

5. Conduct a refresher training for staff in customer service skills.

6. Train staff to increase knowledge in Excel.

* * * *

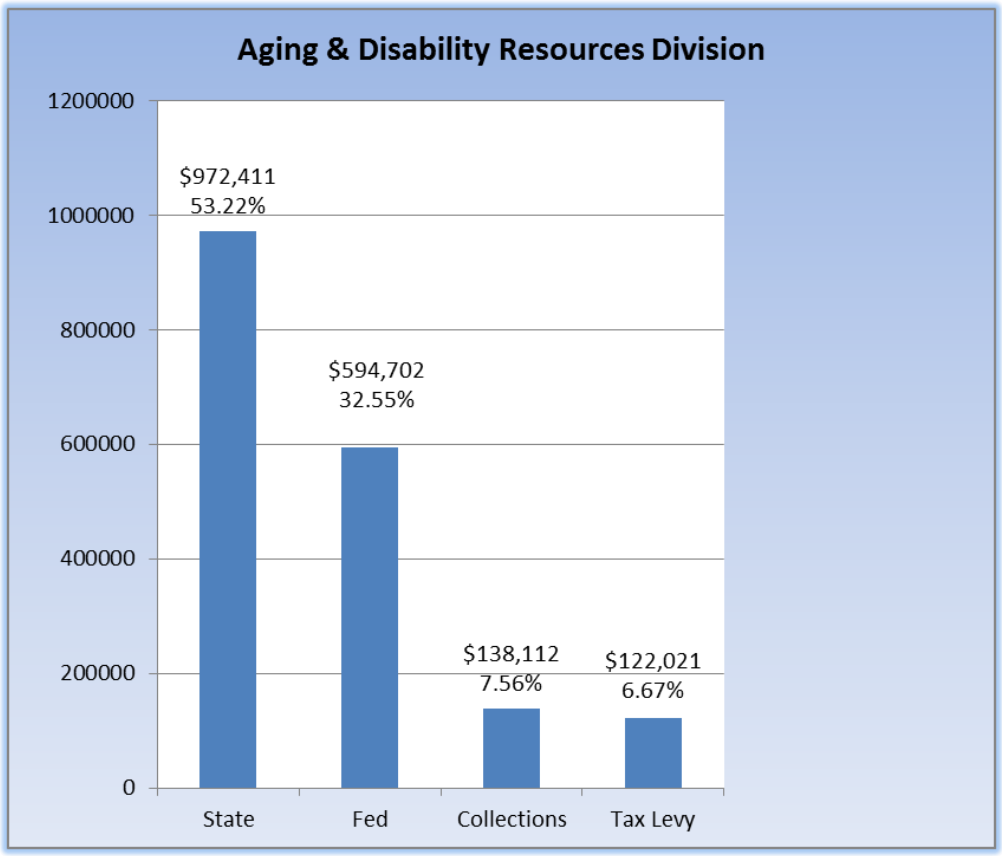
AGING & DISABILITY RESOURCE DIVISION

~Providing services seamlessly to the elderly and persons with disabilities~

The Aging & Disability Resources Division of Jefferson County Human Services encompasses many programs and funding streams. The division has two distinct units, which provide services seamlessly to the elderly and persons with disabilities.

The Aging & Disability Resource Center, or ADRC, is 100% funded by state general purpose revenue and federal Medicaid dollars. Federal dollars are earned based on staff activities. The ADRC is required to earn 28.6% of its support from the federal government in order to meet its operating budget. The ADRC has consistently averaged 40%+.

The Aging Programs are funded with federal and state dollars, county tax levy and private donations. Federal funding comes from the Older American's Act, or OAA. In 2013, sequestration at the federal level reduced funding to all aging programs. However, due to the 2010 census and shifts in the population of low-income people age 60, federal funding was reallocated among Wisconsin counties and Jefferson County saw an overall increase in funding; the effect of sequestration was negligible.



AGING & DISABILITY RESOURCE DIVISION TEAMS

Aging & Disability Resource Center

Adult Protective Services

Elder Benefit Specialist

Senior Dining Program

Transportation

AGING AND DISABILITY RESOURCE CENTER

~Providing information and assistance or services for older adults and persons with physical or developmental disabilities and their families~

Aging and Disability Resource Centers (ADRCs) are welcoming and accessible places where older people and people with disabilities can obtain information, advice, and help in locating services or apply for benefits. They provide a central source of reliable and objective information about a broad range of programs and services and help people understand and evaluate the various options available to them. By helping people find resources and make informed decisions about long-term care, ADRCs help people conserve their personal resources, maintain self-sufficiency and delay or prevent the need for potentially expensive long-term care. ADRCs serve as the single access point for publicly funded long-term care, providing eligibility determination and enrollment counseling for the state's managed long-term care and self-directed supports waivers.

ADRC services are available to older people and adults with disabilities regardless of income and regardless of whether the person is eligible for publicly funded long-term care. ADRC services are also available to families, friends, caregivers, physicians, hospital discharge planners, and others who work with or care about older people or people with disabilities.

The ADRC is funded by the Department of Health Services utilizing a cost model that includes the elements that are used in calculating the cost of operating an ADRC serving 1% of the state population over age 18. Presently, the figure being used for planning is $481,301 per 1% of the statewide adult population when the ADRC is fully functional. Federal revenue included in the budget request is based on an assumption that approximately 28.6% of funds expended will qualify for the federal administrative match rate. Amounts are separated between state and federal funding. Federal amounts are an estimate of what will be generated by 100% time reporting, based on current experience. In Jefferson County, the total estimated 18+ population is 60,153 or 1.4244% which equals $686,513 of total funds. The DHS contract is $524,363 with an estimate of $162,150 from federal match funds due to 100% time reporting. The ADRC of Jefferson County is fully funded by the State contract and federal match funds.

The Department of Health Services is purchasing a set of resource center services that are intended to be consistently available to citizens throughout the State. The requirements of this contract define a "franchise model" for Aging and Disability Resource Centers. The "Scope of Services" describes the services to be provided by and the organizational and procedural expectations for all Aging and Disability Resource Centers (ADRCs). Our four largest service areas are information and assistance, options counseling, enrollments and marketing. Performance goals are identified for each topic included in the "Scope of Services."

Performance Goal - People receive information and assistance to get what they need.

Information and Assistance

The requirement is for the ADRC Specialists' to respond to initial inquiry for information and assistance within 24 hours and provide follow-up post service. In 2013, the ADRC of Jefferson County recorded 5,828 contacts, which averaged to 486 per month.

The majority of activities reported (99%) fell under Information and Assistance. Follow-up is the second most frequent service provided to ADRC customers. Follow-up includes finding out how the person is doing, asking whether the help they received was right for them, and if other connections or referrals are needed. Activity reporting helps ADRC's capture the extent of federal match funds to which they are assisting individuals in more than 14 "Scope of Service" areas.

Options Counseling

Performance Goal – People have the information they need to make informed choices about long term care.

Options counseling is a person-centered, decision support service that empowers older adults, adults with disabilities and their families/caregivers to make informed decisions about current or future long–term care needs. In 2012 and 2013, that ADRC Specialists were trained in Motivational Interviewing and Options Counseling Standards as part of a NIATX project. Overall, our results were favorable, as customer perceptions of the ADRC representative that worked with them went from 84.5% in satisfaction to 91.5%.

Enrollment Activity

Performance Goal - People are able to make informed decisions regarding enrollment in publicly funded long-term care programs and experience a timely, accurate, and streamlined process for eligibility determination and enrollment.

The ADRC enrolled 197 individuals who are eligible for publicly-funded long term care in Family Care, Partnership or the IRIS (I Respect, I Self-direct) programs These programs provide community-based care to persons with disabilities and older adults who were functionally and financially eligible. In August of 2013, an additional Managed Care Organization, ContinuUs, began providing Family Care services to Jefferson County residents. Per the State of Wisconsin's monthly snapshot of enrollment data (dated 1/1/2014) in Jefferson County, there are 789 members enrolled in the Family Care Program, 109 enrollees into the Partnership Program and 107 participants enrolled in the IRIS program. The following are enrollment subsets:

<u>Assistance with Resident Institutional Relocations</u>

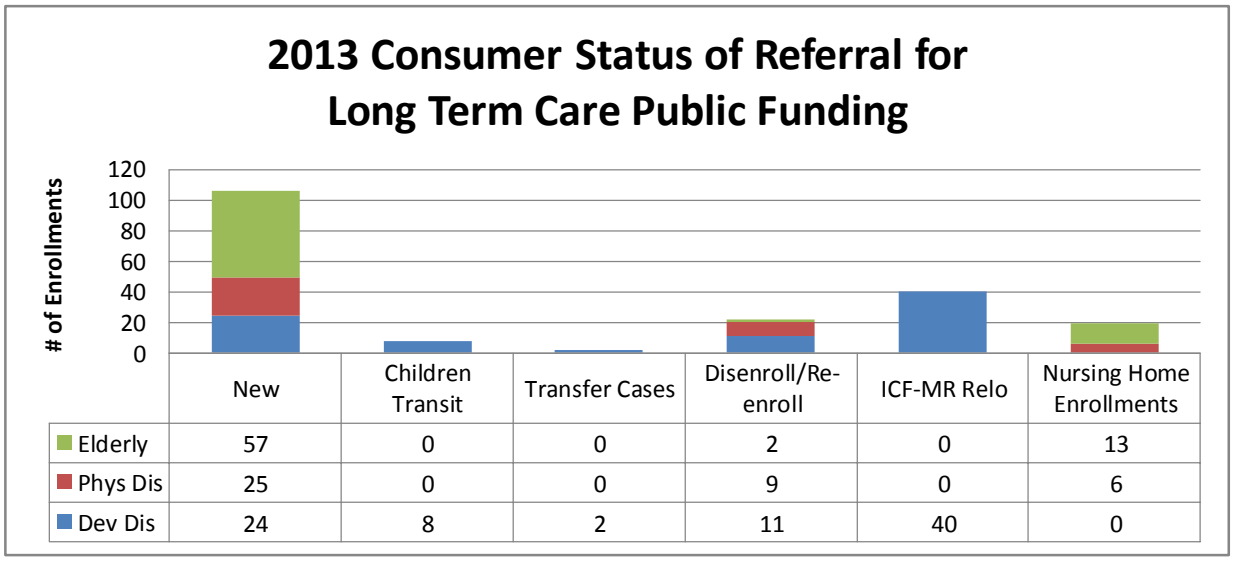
Performance Goal - People have the information and assistance they need to make informed decisions regarding moving to or relocating from a nursing home or assisted living facility.

Out of the 197 enrollments, 59 individuals were enrolled via ICF- MR/Nursing Home relocations. The average public funded cost of a nursing home in 2013 was $7,406 a month or $88,872 per year, by enrolling individuals into a lower cost community setting results in huge savings in tax dollars, and at the same time, provides

individuals with choice and independence.
Service: Transitional Services for Students and Youth

Performance Goal - Young adults with disabilities experience seamless transition and entry into the adult long-term care system.

The ADRC assists youth (17.6 to 25 years) in transitioning from high school into the adult services system. Of the 26 youth that the ADRC provided options counseling too, 8 were enrolled into the publicly funded long term care programs. The ADRC Specialists are able to meet with students and their families when the consumer is 17 years, 6 months of age by attending their Interdisciplinary Education Plan (IEP) Meeting. Some students are already receiving services through the Children's Long Term Support Waiver programs, so staff are able to help them transition into the Adult programs without a disruption of services.



	New	Children Transit	Transfer Cases	Disenroll/Re-enroll	ICF-MR Relo	Nursing Home Enrollments
Elderly	57	0	0	2	0	13
Phys Dis	25	0	0	9	0	6
Dev Dis	24	8	2	11	40	0

Performance Goal - People know about and use the services of the Aging and Disability Resource Center.

In 2013, the ADRC provided 31 information and outreach activities including a combined effort with Second Harvest to eight food pantries in Jefferson County. ADRC Staff also attended the various Farmer's Markets through-out the county and had an impressive response by the number of people gathering information about our services.

Staff presented at various locations within the county. They provided information on Assistive Technology at a local Senior apartment building, they met with medical staff at clinics and emergency rooms as well as presenting on ADRC resources to support groups and community organizations.

REVIEW OF 2013 GOALS:

- Continue to promote the ADRC and raise awareness of programs and issues relating to aging and disability.
    - ✓ Increase outreach efforts in our communities by being visible at food pantries, Farmer's markets, and other community fairs.

- ✓ Increase staff presentations at community organizations and support groups.
- ✓ Utilize the Aiming for Excellence quality improvement process to increase new ADRC customers thru advertising/marketing venues.

- Increase promoting health and wellness via educational programs such as Living Well with Chronic Conditions, fall prevention, and providing memory assessments and screening.
  - The ADRC held two Living Well Classes in 2013 which met our goal. One session was held in Waterloo, the northern part of the county and the other in Fort Atkinson, on the southern end.

- During this past year, Aging and Disability Resource Specialists were trained on providing memory assessments and screening. In 2012, 14 memory screens were provided. Our goal would be to increase our number of assessments by 50% during the year 2013.
  - ✓ In 2013, 23 consumers were assessed using the memory screens
  - ✓ In 2013, a Dementia Care Specialist was hired who assesses individuals

- Improving brochures and handouts has been an ongoing goal. The ADRC worked on two resource and checklist guides: Assisted Living Options and Nursing Home Options. We continue to improve our website and will continue this process in 2014. In 2013 we added the ability for consumers to access our Satisfaction Survey thru the website. We aim to empower our consumers and will be reviewing our website for consumer advocacy and filling grievance/complaints.

2014 GOALS:

- The ADRC has been facilitating a Care Transition Workgroup with local health care community partners. The goal is to work on a plan to reduce readmissions to the hospital which occur within 30 days of discharge.

- The ADRC of Jefferson County applied for and received approval to administer the Farmers' Market Nutrition Program for Jefferson County. We will be helping 201 Senior households with application and allocation of this program. It will also be advantageous to provide a benefit checkup to consumers for possible other programs that will support the individual and their family.

  - The ADRC will continue to work on Aiming for Excellence Projects:
    - Increase staff knowledge of cultural diversity and then to market services to ethnic populations.
    - Increase number of customer satisfaction surveys thru mailings and via website.

Disability Benefit Specialist Program

In 2013 the Disability Benefit Specialist Program made a positive economic impact on our community by helping people to access food, shelter, health insurance and attain a monthly income. The reported approximate value of the benefits gained in Jefferson County for 2013 was over 1.6 million dollars. Federal funds accounted for 87 % of the benefits gained. A total of 226 consumers with disabilities between the ages of 18 and 59 were served as well as 145 consumers who called for information only. The most common cases were provided with information and services concerning SSDI/SSI, Medicaid and health insurance. During the year, 153 applications for benefits were completed, with 130 applications being approved.

In 2013, a targeted effort was made to educate consumers about their Medicare benefit choices. This effort resulted in an increase in Medicare Entitlement cases and Medicare Supplement cases rising from 58 in 2012 to 65 in 2013.

2014 GOALS:

In 2014, the DBS Program plans to expand its outreach efforts to the Latino population in Jefferson County. The DBS will first determine the best available outlets for the outreach effort. Then the DBS will complete the outreach with marketing tools, including Spanish-based brochures and printed materials.

AGING PROGRAMS

~Providing services for the elderly and persons with disabilities of Jefferson County~

Advocacy
The Older American's Act (OAA) is the foundation of the Aging Network and its central tenet is advocacy; it is core to the work that this division does. The OAA provides the framework under which the ADRC Advisory Committee operates and involves committee members in advocacy activities, including:

- Assisting in the development of better public policy;
- Ensuring that the Aging & Disability Resource Division is accountable to citizens;
- Giving a voice to (misrepresented or underrepresented) citizen interests;
- Mobilizing citizens to participate in the public policy process; and
- Supporting the development of a culture of tolerance, equality and acceptance of people with disabilities and the elderly.

Alzheimer's Family Caregiver Support Program
The Alzheimer's Family and Caregiver Support Program (AFCSP) was created by the Wisconsin legislature in 1985 in response to the stress and service needs of families caring at home for someone with irreversible dementia. To be eligible, a person must have a diagnosis of Alzheimer's disease or a related disorder, and be financially eligible. A maximum benefit of $4,000 per family, per calendar year is available. The county's total allocation is $19,009.

REVIEW OF 2013 GOALS:

- Funds were fully expended on families in need;
- Some funds ($4,000) were used to offset costs that the county incurred via tax levy for an individual under emergency protective placement.
- The Dementia Care Specialist helped identify and assist people in applying for program funds.

2014 GOALS:

- ✓ To increase a family's ability to keep those diagnosed with dementia at home. By the end of 2014, 5 eligible families will be provided with up to $4,000 to help cover the cost of needed goods and services. 75% of the families served will report no changes in living arrangement.

- ✓ 100% of families served will be offered Dementia Care Specialist Services.

Dementia Care Specialist
In 2010, the Alzheimer's Association reported 1,576 persons in Jefferson County had Alzheimer's disease or another dementia and in 2030 they project that number to increase to 2,438, which is a 55% increase. Also in

2010, 453 persons aged 65+ that had been diagnosed with AD were living alone in Jefferson County - it is estimated that 75% of those diagnosed live alone.
In October 2013, the Department of Health Services convened a Stakeholder Summit; the result was a report that outlined the purpose, process and outcomes of the Summit, called "Redesigning Wisconsin's Dementia Care System: A Stakeholder Summit." As part of the redesign, Wisconsin has made a commitment to expand Dementia Care Services incrementally across the State. Jefferson County was awarded grant funding for a Dementia Care Specialist (DCS) who started working in Jefferson County on 1/2/13. Since that time, the state has made a commitment to fully fund one full-time position in Jefferson County. Funding for the position comes from state GPR dollars and federal Medicaid matching funds.

REVIEW OF 2013 GOALS:

- The Memory Care Connections Program was established;
- The Language Enriched Exercise and Socialization Program has 7 trained volunteers;
- Five businesses are "Dementia Friendly;"
- "Maintaining Brain Health" training is being offered;
- A county-wide dementia registration and identification program was developed through the Sheriff's Department;
- Education, outreach and marketing efforts are well underway and UW Whitewater Communication Students are involved with public education.
- A Dementia Summit was held in August 2013, approximately 100 people attended and the following task groups were established to meet on an ongoing basis to address concerns:

    - ❖ Person Centered Dementia Care;
    - ❖ Dementia Friendly Communities;
    - ❖ Promoting Early Detection;
    - ❖ Increasing Public Awareness;
    - ❖ Minimizing and creating successful care transitions;
    - ❖ Building crisis capacity through mobile crisis, treat in-place teams;
    - ❖ Emergency response (ER) placement facilities;

2014 GOALS:

- To facilitate a 2nd summit to report on task group activities;
- To provide education and support to peers in the ADRC to encourage excellence in dementia care;
- Train the ADRC and 6 businesses on becoming part of the Dementia Friendly Community;
- Collaborate with the Dodge County Dementia Alliance to expand the project in Watertown;
- Increase opportunities for people with dementia to remain in their own homes through 1:1 case consultations;
- Increase position from part-time to full-time.

Senior Dining Program
The Elderly Nutrition Program, enacted by Congress in 1972, provides grants to support nutrition services to older people throughout the country and is intended to improve the dietary intakes of participants and to offer participants opportunities to form new friendships and to create informal support networks. The legislative intent is to make community-based services available to older adults who may be at risk of losing their independence.

In 2013 the program received $224,388 in state/federal funds; $97,964 in program income and $22,782 in county tax levy, which is the required match. The county carried over $5,996 of program income into 2014.

The purpose of the elderly nutrition program is:

- To reduce hunger and food insecurity;
- To promote socialization of older individuals; and
- To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

REVIEW OF 2013 GOALS:

- The Senior Dining Program served 720 unduplicated individuals for a total of 29,138 meals in 2013.
    - The congregate sites served 12,950 meals,
    - Volunteers delivered 16,188 meals;
    - There were no cuts in service despite the federal Sequestration Act.
    - Donations comprised 30% of the program's funding.
- The Nutrition Program Coordinator and Home Delivered Meal Assessor were trained to facilitate an evidenced based prevention program called: ***Healthy Eating for Successful Living Among Older Adults.*** The program was offered twice, but was canceled due to lack of interest.

2014 GOALS:

- To increase congregate participation in Fort Atkinson and Palmyra by 5%.
- To offer Wii Bowling at the Palmyra Site to encourage attendance.

Transportation Services

Jefferson County provides transportation services to the elderly and persons with disabilities through the s85.21 Specialized Transportation Program, Managed Care, county tax levy and passenger co-payments. Persons seeking access to medical care are given priority services, as well as those needing help in meeting their nutritional needs.

The WI Department of Transportation is the major source of funding for these services. The 2013 allocation was $181,046; the county provided $41,918 in tax levy (the required county match was $36,309) and passenger revenue was $28,867. Total expenditures were $259,354.

REVIEW OF 2013 GOALS:

- 6,556 rides were provided; the majority of trips were provided to the county's elderly (74%);
- The scheduling software (pcTrans) purchased at the end of 2012 was fully implemented;
- The ADRC Grocery Shopping Van Program ended to make way for more efficient and cost-effective alternatives;
- A part-time driver was hired to transport agency consumers from hospital to home.
- The Community Transportation Association of America (CTAA) Brown Cab study was concluded. See 2014 goals are follows:

2014 GOALS:

- Continue exploring ways to implement the CTAA Workgroup Recommendations, including:

    1. Simplified dispatch or development of a regional dispatch center;
    2. Procurement of software, services, and equipment for one-click/one-call center
    3. Interagency agreements for mobility management services (provider referrals and brokerage)
    4. Commitment of 85.21 funding to support service in rural towns
- Increase ridership by alternatively scheduling three part-time drivers and volunteers to cover the need.
- Purchase two new vehicles to use in the transportation pool;
- Reallocate costs realized via attrition to vehicle purchases and contract with the Taxi Cab company for intracounty transportation.
- Explore expansion into 2015.

Elder Benefit Specialist

An elder benefit specialist is a person trained to help older persons who are having a problem with their private or government benefits. They receive ongoing training and are monitored by attorneys knowledgeable in elder law. The attorneys are also available to assist older persons in need of legal representation on benefit matters.

Funding for the EBS position is complex and comes from a variety of federal and state sources. The 2013 expenditures totaled $103,963. Of this total, $100,828 was covered by state/federal funding; the required county match was $3,135.

REVIEW OF 2013 GOALS:

Between 10/1/2012 and 09/30/2013, the Elder Benefit Specialist program served 788 clients and reported 1565 contacts. These efforts translated into a total monetary impact of $2,177,025 in recouped federal/state/other dollars for Jefferson County's elderly residents!

- The EBS served on the Advisory Committee to the Second Harvest Foodbank for 12 months to target FoodShare outreach to people aged 60+ in a sixteen county service area in an effort to brainstorm effective and efficient senior outreach strategies. The outcome noted a 12% increase in EBS FoodShare cases in Jefferson County in 2013.

- The EBS continues to serve on the Board of Directors for the Conexiones Latinas group and regularly submits articles about Medicare and other public benefits for seniors in the publication of their quarterly newsletter. The newsletter is printed in Spanish and is widely distributed in the Hispanic communities of Jefferson, Rock, Walworth and Dodge Counties. The EBS program has worked with 14 Spanish speaking seniors in fiscal 2012-2013 and hopes to add 1-2 clients in fiscal 2014.

- The EBS program recruited 2 additional volunteers for the "Seniors Out Speaking" project (supported by a $3000 national grant from the Medicare Rights Center). These two volunteers expanded the SOS with presenting monthly "Medicare Minutes" and joined six returning volunteers who helped with SOS and also as SHIP counselors by assisting at Medicare Workshops during the busy Annual Enrollment period in the fall. Combined, these volunteers donated 130 hours of assistance during the fiscal year.

2014 GOALS:

- Continue to build on success of Second Harvest Foodshare Outreach project by providing continued FS outreach via Press Releases, MOWs inserts, and WFAW Morning Magazine radio call-in.

- Grow the SOS Volunteer base by "promoting" one of the SOS Leadership Team to serve as SOS coordinator/captain. Thus, some of the administrative monitoring will be delegated to the Captain and this ownership should encourage more efforts to land outreach sites to present the monthly Medicare Minutes.

- Double the number of ABCs of Medicare workshops from 6 to 12 per year, including specific instructions on the online computer tool.

Special State/Federal Consideration for 2014/2015

- A priority for the EBS will be providing outreach to seniors, providers, and state and federal legislators on the merits and necessity to continue SeniorCare, the State of Wisconsin Pharmacy Assistance program after Dec 2015;

Family Caregiver Support Program

The National Family Caregiver Support Program provides caregivers with information about available services; assistance in gaining access to services; individual counseling, support groups and training; respite care to give them a break from providing care and supplemental services to compliment care. This program's budget is $42,119. The federal government covers $31,599 with the county matching the difference.

REVIEW OF 2013 GOALS:

- In 2013, thirty-three caregivers were provided funding under the National Family Caregiver Support Program. This is an 18% increase over the previous year.
- All of the goals and strategies from 2013 involved creating a dementia capable system of care. All of the goals were met. Please see the Dementia Care Specialist section for more information.

2014 GOALS:

- The Caregiver Coalition will devote its effort to public information. Members will jointly work on a quarterly newsletter that promotes health, wellness and available services.

Adult Protective Services (APS) & Abuse/Neglect of Vulnerable Adults & Elders

The APS unit is responsible for ensuring that the health and safety needs of the elderly or individuals with disabilities are met, especially when they are in situations where there is cognitive impairment and substantial risk is evident. Several different statutes cover the counties responsibilities in responding to these situations, and the Human Services Department is the designated "lead agency" for receiving and responding to allegations of abuse or neglect.

APS services are mandated by state statute and are severely underfunded. The 2013 expenditures totaled $183,100. State funds totaled $81,852 and county tax levy totaled $101,248. In April 2014, the department received an additional award of $10,004 to offset county costs in 2013. This funding is redistributed at year end when other counties don't spend their entire allocation.

Highlights from 2013

- 113 reports of abuse/neglect were received
  - 28 on Adults-at-Risk Age 18-59
    - 40% of reports were regarding self-neglect and physical abuse
    - 60% of reports were substantiated
  - 85 on Elder Adults-at-Risk Age 60
    - 38% of reports were regarding self-neglect
    - 24% of reports were regarding financial exploitation and in 16 cases the abuser was financially dependent on the elder
    - 21% of reports were regarding neglect by others
    - 43% of reports were substantiated
  - Abuse/neglect occurs where people live
  - Managed Care Organizations, Law Enforcement and Relatives are the most likely reporters
  - Persons with Alzheimer's disease or a related dementia are in a high risk group
- 179 Annual Review of Protective Placements or WATTS reviews
- 86 Petitions for Guardianship
  - The increase in guardianship requests include successor petitions on the wards served by Lutheran Social Services who discontinued this service early in the year

2014 GOALS:

- Provide training with Corporation Counsel, Register-in-Probate and Clerk of Courts for new volunteer guardians
- Market Elder Abuse I-Team services to community organizations

* * * *

BEHAVIORAL HEALTH DIVISION

~Assessing participants for strengths and needs;
and integrating the principles of hope and empowerment~

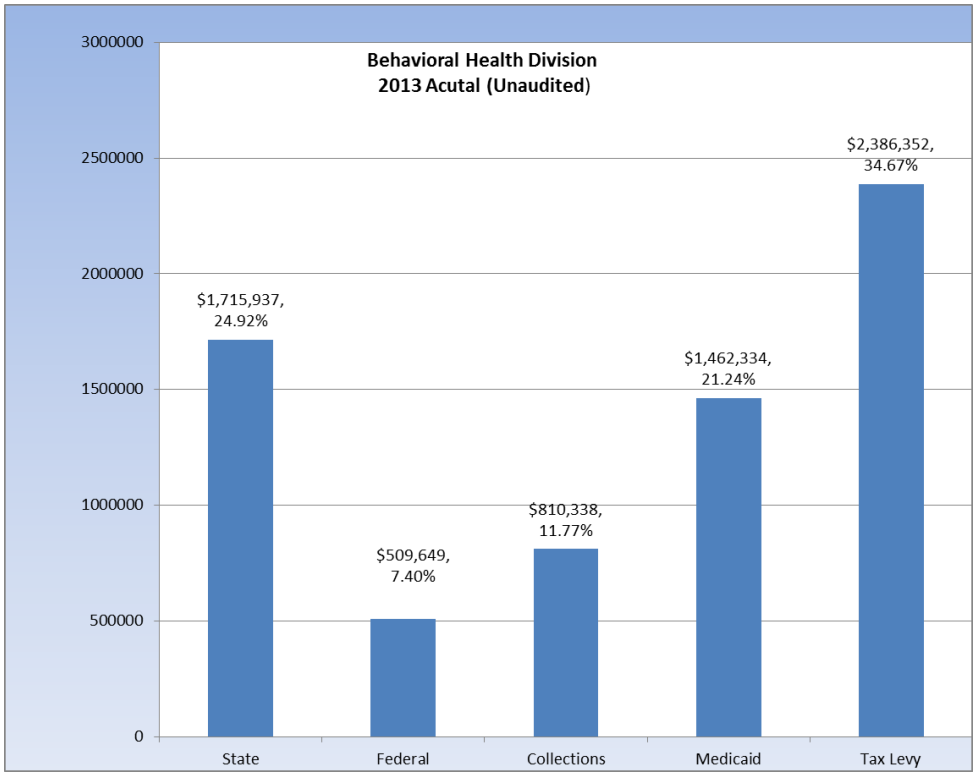
The Behavioral Health Division of Jefferson County Human Services has developed comprehensive programs that promote individual recovery and offer evidence based treatment options. We offer an integrated, county staffed, service delivery system. County provided programs include the Mental Health and AODA outpatient clinics, Intoxicated Driver Program, Comprehensive Community Services Program, (CCS), Community Support Program, (CSP), and Crisis/Emergency Mental Health Services. As part of crisis services, we operate the Lueder House, a state licensed eight bed community based residential facility for adults with mental illness who need crisis stabilization services.

Our Medical Director is a licensed adult and child psychiatrist. He is on site daily and available 24/7. He oversees all treatment programs and authorizes all necessary services. We also have 44 full time employees.

The Behavioral Health Division also contracts for evaluations, residential and inpatient services, specialized treatment services, and certified peer support. Providers then receive training about recovery, treatment, service plans, and billing. Service contracts with providers set forth our expectations.

We are steadfast in responding to the needs of citizens. Most recently, we have identified two significant trends. We have noticed an increase in the number of citizens struggling with opiate addictions. Secondly, we have seen an increase in the number of children struggling with complex mental health issues. We have expanded programs to address both these issues and they are described in the following team reports.

The Division's revenue comes from County, State, and Federal funds as reflected in the graph below.



The largest expenses for the Division are inpatient hospitalization costs, and staff wages and benefits.

For 2014, the Division established "overarching" goals for the Division and key outcome indicators for each team. The "overarching goals" for the Division are:

- Develop Substance Abuse prevention and education efforts, in particular for heroin and opiates
- Deliver responsive evidence based programs for the mental health and substance abuse issues of our citizens.

The key outcome indicators identify the number of treatment plan goals to be accomplished, the percent of people diverted from involuntary hospitalization, or the percent improvement expected to be seen on baseline measures. Each team in the Division is also expected to have measurable goals, and consumer satisfaction reports. Please review the following team reports for details.

BEHAVIORAL HEALTH DIVISION TEAMS

Mental Health and Alcohol & Other Drug Abuse Clinics

Intoxicated Driver Program

Community Support Program

Community Recovery Services

Comprehensive Community Services

Emergency Mental Health (Crisis)

MENTAL HEALTH AND ALCOHOL AND DRUG OUTPATIENT CLINICS AND INTOXICATED DRIVER PROGRAM

~ Participants of the program are assessed for strengths and needs; the principles of hope and empowerment are integrated into each person's plan~

The Mental Health team strives to provide person centered and recovery focused services, and is committed to delivering evidence based practices. Over the last year, we again experienced an increase in the need and demand from our residents for Mental Health and Substance Abuse services. In particular, there was a continued increase in the need for heroin and addictions services.

The Mental Health, and Alcohol and Other Drug Abuse (AODA) Outpatient Clinics serve primarily adult Jefferson County residents with mental health and substance abuse concerns. In 2013 there were 224 new consumers entered into to the Mental Health clinic and 213 new consumers entered into the AODA clinic. As the chart below indicates, the clinic provided Mental Health services to 690 individuals and Substance Abuse services to 334 individuals.

Participants of the program are assessed for strengths and needs; the principles of hope and empowerment are integrated into clinic services. A treatment plan is created using the consumer's own strengths and resources to increase their potential for leading the life they want. Services are provided in the least restrictive manner; decreasing the disruption of the individual's life while still providing for recovery.

The clinic staff consists of a Medical Director/Psychiatrist, seven full-time staff with master's degrees in Social Work, Counseling or Psychology, one of whom works part-time in the jail, as well as a Community Outreach Worker.

The clinic is also responsible for overseeing civil commitments and in many cases, providing treatment for the individual. Under WI § 51, persons who are assessed to be dangerous to themselves or others and have a mental health disorder may be detained involuntarily. If the court determines that these persons need to be treated, they are placed under an order for treatment, typically for 6 months. The person can seek treatment from the clinic, or if the person has other resources, by another area provider. Clinic staff provided mental health services to an average of 259 people per given month in 2013, an average of 25 of those individuals were ordered under WI § 51.45. In addition to those individuals who received treatment through the clinic, staff are also responsible for supervising the commitment period of all individuals on a Chapter 51 commitment and ensuring that the individual is following through with the treatment recommendations regardless of where treatment occurs.

	2008	2009	2010	2011	2012	2013
MH Clinic	294	332	478	541	615	690
AODA Clinic	246	207	217	225	288	334
Totals	540	539	695	766	903	1,024

Public Intoxication Data for Jefferson County

Under Wisconsin statutes (51.45), a person incapacitated by alcohol can be placed under protective custody by a law enforcement officer and taken to an approved detoxification facility. Prior to discharge, the individual is informed of the benefits of further diagnosis and appropriate voluntary treatment. Upon discharge from such facility, our department is then responsible for arranging transportation for these people, whether it's via Human Services staff or communicating with and arranging for family to provide transportation. If there is a concern about the individual's well-being, department staff meet with the individual face to face to complete an assessment and the appropriate referral is made; which can be an emergency detention, voluntary hospitalization, residential treatment, intensive outpatient, or outpatient services to include individual and possibly group therapy.

Detoxification Data	**2010**	**2011**	**2012**	**2013**
Admissions	101	122	67	89
Individuals	75	91	54	67
Individuals with multiple admissions	8	16	5	12
Days	113.6	119.64	74	114
County Expenditures	**$44,778**	**$58,291**	**$28,642**	**$47,742**

In reviewing individuals with multiple detoxifications admissions; seven of the twelve, participated in some level of substance abuse treatment.

INTOXICATED DRIVER PROGRAM

Counties are mandated to provide an Intoxicated Driver Program (IDP) (HFS62). Each county is responsible for establishing and providing substance use assessments of drivers who have received an operating while intoxicated (OWI) conviction. The assessment can be ordered by the court or the Department of Transportation. The IDP assessor completes an assessment using the Wisconsin Assessment of the Impaired Drive tool (WAID). A driver safety plan is developed based on the results of the assessment. A person can be sent for either education if a substance use disorder is not found, or treatment if a substance use disorder is found. The individual is responsible for completing the Driver Safety Plan within a year's time. Failure to complete the driver's safety plan will result in the driver's license being revoked or in some cases, remaining revoked. In addition to doing the assessments, the assessor is responsible for monitoring the individual's compliance with the Safety Plan. The clinic has one full time assessor.

In 2013, the IDP program completed 340 assessments and driver safety plans. This was a 4% decrease from 2012. Of those 340 assessments in 2013, 176 were first time offenders. This number accounts for 52% of the assessments. 76 were second time offenders, 51 had three lifetime OWI's, 16 had four lifetime OWI's, and 21 had five or more lifetime OWI's. Group Dynamics is a 24 hour education program for first time offenders. Multiple Offenders is a 36 hour education program for individuals with more than one OWI offense. 157 offenders were referred to Group Dynamics or to Multiple Offender Program. A total of 185 individuals were referred to outpatient substance abuse treatment. Of those, 58 were referred to the Jefferson County Human Service Outpatient AODA Clinic primarily due to insurance barriers such as being underinsured or uninsured.

Operating While Intoxicated

	2013
1st Offense	176
2nd Offense	76
3rd Offense	51
4th Offense	16
5th Offense or more	21
Total	340

Consumer Satisfaction

In 2013, the Outpatient Clinics conducted a consumer satisfaction survey. The ROSI (Recovery Oriented System Indicators) measures the satisfaction of the participant and the degree to which its services are recovery oriented. The survey asks 42 questions regarding the participant's experiences in the past six months. The choice of responses range from strongly disagree to strongly agree and includes an option of does not apply to me. The questions rate 6 areas of service: Person Centered Services, Barriers to Success, Empowerment, Employment, Staff Approach and Basic needs. Consumers were asked to complete the anonymous survey by reception staff, prior to meeting with their clinician/counselor. 40 ROSI surveys were completed.

Consumer Survey Results

	ROSI Overall Mean	Scale 1— Person Centered	Scale 2— Barriers	Scale 3— Empowerment	Scale 4— Employment	Scale 5— Staff Approach	Scale 6— Basic Needs
Average for all consumers	3.6	3.9	1.9	3.5	4.0	1.5	2.8
% with mostly recovery-oriented experience	97.3%	100%	57.5%	95.0%	88.2%	78.4%	61.5%
% with mixed experience	2.7%	0%	30.0%	5.0%	14.1%	26.8%	21.4%
% with less recovery oriented experience	0%	0%	12.5%	0%	0%	13.5%	25.6%

In looking at the means, these numbers can range from 1.0 to 4.0 with 4.0 being the highest; although scales 2 and 5 (the shaded areas) are negatively phrased which means a low mean represents a more recovery oriented experience.

The overall mean went up in 2013 two tenths of a percentage from 2012. Using a person centered approach continues to be an area of strength and the percentage of individuals with mostly recovery oriented experience improved in all areas from 2012. Staff continue to support consumers in self-care and wellness. Staff treat consumers with respect; they listen carefully, focus on strengths, and see consumers as an equal partner in their treatment program. The low percentage in staff approach continues to show positive results. Basic needs continues to be an area of only average score over the years. 46.2% of consumers surveyed indicated they do not have enough money to live on, which is an increase of 1% from 2012. 67.5% of consumer surveyed indicated they have housing they can afford. This percentage went down 4% from 2012.

In addition to the ROSI survey, the clinic administered an additional consumer satisfaction survey. The questionnaire consists of 12 questions in the yes/no format that ask consumers if they are satisfied with the appointment process, checking in, their initial appointment and ongoing treatment. The last two questions are open ended and ask the consumer what they like most about our services and what suggestions they have on how services can be improved. 75 surveys were completed. Of these completed surveys, there were 7 consumers that answered no when asked if they were seen within 10 minutes of their scheduled appointment time. For suggestions on improving services, consumers commented on the wait time specific to seeing the doctor.

When asked what they like most about our services. Consumers stated:
"Convenience and close to my home…offers suboxone treatment."
"All the staff are very welcoming and polite."
"The relaxed environment and the positive feedback."
"People are professional and kind and try to help me."
"I got to learn about others with the same problem and how they corrected it also."
"Willingness to work around my schedule and fastness in arranging to be put in group."
"The staff is always nice and friendly and willing to help me out."
"I love my counselor! She is very helpful and I feel like she gets me."

REVIEW OF 2013 GOALS:

1. **Implementation of the Brief Addiction Monitor (BAM**). The Brief Addiction Monitor is a 17-item monitoring instrument covering important substance use related behaviors to support measurement-based care and outcomes assessment. Of the 17 items, 4 are concerned specifically with alcohol or drug use. The remaining items address aspects related to substance use, recovery, and treatment that span a number of life areas considered important for a multidimensional assessment of substance abusing patients and include interpersonal relationships, psychological/medical problems, and finances. The BAM measures three summary factors: Recovery Protection, Physical and Psychological Problems, and Substance Use and Risk.
The BAM was implemented in June of 2013 and is used with all clients receiving services from the AODA clinic.

2. **Drug Task Force training for clinic staff in 2013:** Staff were trained on current drug trends in Jefferson County. The Jefferson County Drug Task Force provided training at Human Services on April 26th, 2013. In addition to this training clinic staff participated in several other drug abuse trainings such as the Mental Health and Substance Abuse Conference (sponsored by UW Steven's Point), the Crisis Conference (sponsored by UW Steven's Point), The Game of Life Addiction Version (sponsored by Rosecrance), and Remaining on the Cutting Edge (sponsored by St. Joseph's Hospital).

3. **Implementation of self-care/wellness plans for clinic staff.** Several staff completed self-care plans in 2013 and this was a topic area for clinical supervision. This is an important goal that will continue for 2014.

4. **Further training for staff in cognitive behavior therapy including model adherence.** All clinic therapists and counselors are currently reviewing Judith Beck's book "Cognitive Behavior Therapy: Basics and Beyond."

5. **Quality improvement initiative by continuing to participate in NIATx projects:**
a. Track PHQ-9 (patient health questionnaire) data throughout 2013: The clinic continues to participate in NIATx project on tracking clinical outcome measures with the State of Wisconsin Division of Mental Health and Substance Abuse Services Strengthening Treatment Access and Retention and Quality Improvement (STAR-QI) project. This is the third year in a row we have participated in this project. Patient Health Questionnaires (PHQ-9) and Brief Addiction Monitors (BAM) are both part of clinical outcome measurements being utilized in the Outpatient Clinic. This data is used to monitor treatment outcomes with the consumer throughout therapy and in the treatment planning process.
b. Continue to participate in STAR-QI project on increasing revenue: This is the other focus area for the NiaTx STAR-QI project. In 2013, clinic staff participated in training with two different insurance companies, received Medicare approval for provider status for several staff and became HMO providers for several different insurance companies.

6. **Further implementation of evidenced based practices for dual diagnosis.** In 2013, clinic received training on medication assisted therapy.

7. **Implementation of electronic health records.** Client progress notes became electronic on July 1st, 2013. Since that date, all progress notes have been typed into an internal system and are now a part of the clients' electronic record. Additional portions of the clients file will be rolled out in 2014.

8. **Further enhancement of all monitoring procedures:** opening process, documentation and closing procedures. In 2013, the clinic implemented a specific procedure on the timeline for paperwork process as well as a compliance procedure.

2014 Evidenced Based Practices

1. Motivational enhancement therapy techniques-- (MET) is an adaptation of motivational interviewing (MI) that includes one or more client feedback sessions in which normative feedback is presented and discussed in an explicitly non-confrontational manner. Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve their ambivalence and achieve lasting changes for a range of problematic behaviors. This intervention has been extensively tested in treatment evaluations of alcohol and other drug use/misuse. (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=107). The clinic is utilizing this therapy protocol in both group and individual sessions. Clinic staff will be receiving intensive motivational interviewing training by MINT trainers throughout 2014.

2. Medication assisted treatment for opioid addiction via the use of Buprenorphine, Vivitrol and Naltrexone. (http://www.ncbi.nlm.nih.gov/books/NBK64164/). In 2013, the clinic ran four different treatment groups, specific for clients prescribed Buprenorphine. There was an average of 85 consumers in the Buprenorphine maintenance program. Also in 2013, clinic staff received training on the drug, Vivitrol.

3. Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. It has been conducted in both group and individual sessions. Seeking Safety consists of 25 topics that can be conducted in any order. At this point, Seeking Safety is the most studied treatment for PTSD-substance abuse. Twelve outcome studies are completed, plus one dissemination study. (http://www.seekingsafety.org). The clinic completed one round of group therapy utilizing the Seeking Safety material in 2013.

4. Cognitive behavior therapy (CBT) is based on the scientifically supported assumption that most emotional and behavioral reactions are learned. Therefore, the goal of therapy is to help clients *unlearn* their unwanted reactions and to learn a new way of reacting. (http://www.nacbt.org/whatiscbt.htm). All clinic staff were trained in cognitive behavior therapy and CBT is used in both group and individual sessions. The Outpatient Clinic staff will be reviewing and discussing Judith Beck's text "Cognitive Behavior Therapy: Basics and Beyond" in 2014.

2014 GOALS:

The Mental Health and AODA clinics both experienced an increase in the number of people serviced in 2013. More people are struggling with depression, anxiety and substance abuse. Additionally, Jefferson County is the midst of an opiate epidemic. Given these issues, the clinic team is planning to deliver more evidence based treatment protocols, so that treatment is most effective and results oriented. We will continue to focus on consumer satisfaction as well.

1. **The key outcome indicator is:** Commencing in early 2014, the clinic staff will participate in additional cognitive behavior therapy training that will include review and discussion of Judith Beck's text "Cognitive Behavior Therapy: Basics and Beyond." Staff will present and lead discussions with their peers, present case examples and case plan in an open learning format.
    a. All staff will then use Cognitive Behavior Therapy in all treatment plans for depression and anxiety.
    b. Patient Health Questionnaires will be examined pre and post implementation of Cognitive Behavior Therapy.

2. Throughout 2014, the clinic staff will participate in an agency wide training on Motivational Interviewing.
    a. All staff will use Motivational Interviewing when appropriate and this will be tracked by the Clinic Supervisor via clinical staffing's, weekly supervision and supervision of individual sessions.

b. Patient Health Questionnaires will be examined pre and post intensive Motivational Interviewing Training.

3. Throughout 2014, clinic staff will continue to gain knowledge on heroin and how to best meet clients' complex needs by reviewing literature, participating in trainings, ongoing clinical staffing's, weekly clinical supervision with the Clinic Supervisor and Medical Director, as well as by participating in other learning opportunities that arise.

a. Clinic staff will participate in a grand rounds approach with other teams and administration to identify what is working and what the needs are.

b. Clinic staff will continue to administer the Opiate (Narcotics/Heroin) Use Questionnaire to help best meet the needs of the clients.

4. In 2013, the clinic served 1,024 clients which was an increase of 12% from 2012. Due to the increased number of clients, the complex needs and the intensity of services needed, the clinic staff will continue to brainstorm and develop ways to increase efficiency while still providing the level of care needed. The clinic staff will participate in in a NiaTx change project on efficiency in 2014.

5. In 2014, 20% of the Substance Abuse Prevention and Treatment Block Grant monies shall be designated towards prevention efforts.

a. In May of 2014, Jefferson County Human Services will co-sponsor an educational heroin summit.

b. The Clinic Supervisor will continue to participate in the ATODA School Council.

6. In 2014, the Mental Health and AODA clinics will develop an advisory group.

a. The group will consist of clinic consumers and staff.

b. The council will examine policies, discuss and review what helped and also discuss and review what was not helpful.

7. In 2014, clinic staff will capture consumer characteristic needs, service utilization and outcomes and report the data to the State of Wisconsin via the Program Participation System (PPS).

8. Throughout 2014, the clinic will continue participating in the STAR-QI NiaTx project with the Department of Health Services. The focus area will continue to be clinical outcome tracking and will focus on both the Patient Health Questionnaire (PHQ-9) and Brief Addiction Monitor (BAM) assessment tools. These assessments are administered to consumers every 3 months when the treatment plan is reviewed.

a. Patient Health Questionnaire scores will improve by 5% on mental health clients over the coming year. With this result the key outcome indicator will be a decrease in symptoms of depression.

b. Brief Addiction Monitor protective factor scores will increase by 5% on AODA clients over the next year with the key outcome indicator being a decrease in substance use.

COMMUNITY SUPPORT PROGRAM

~Advancing mental health services for people with severe and persistent mental illness~

The Jefferson County Support Program was developed in December of 1996 and began receiving clients in January 1997. This Community Support Program was certified on June 1, 1997 and is certified under HSS 63 as a Community Support Program. The program was audited by the state in May 2012 and was recertified for two years at that time. It will again be audited in May of 2014.

In its fifteenth year of operation the Jefferson County Community Support Program provided services to 155 consumers ranging in age from 10 to 78. These consumers had mental health diagnoses such as schizophrenia, schizoaffective disorder, bipolar, major depression and various anxiety disorders. In 2013, 17 consumers were admitted and 9 were discharged.

Jefferson County Human Services CSP has grown significantly. In 1998, it served less than thirty consumers, and employed five and a half staff. In 2013, the CSP staff consisted of a CSP Director/Clinical Coordinator; psychiatrist/medical director; program assistant; two full time mental health technicians both of whom were also peer support specialists; one vocational specialist; one part time nurse; and eleven case managers/CSP professionals.

Community Support Programs in the state of Wisconsin have an extensive and well researched history. The original CSP started out of Mendota Mental Health Institute in the 1980's and is now known as ACT. The ACT model has received numerous awards from the American Psychological Association for its research. The ACT model is considered an evidence based practice for individuals with a severe and persistent mental illness and is now used on a nationwide and international basis. It has proven effective for reducing symptoms, hospital costs, and improving overall quality of life. The research has shown that for outcome measures to be similar for consumers in other CSP's it is important to have as much fidelity to the ACT model as possible. Jefferson County CSP continues to have very high fidelity to the ACT model and the team functions as an ACT team. It is believed that this leads to better outcomes for our consumers.

In accordance with the ACT model, the Jefferson County CSP has the capacity to function as a mobile in-patient unit. The program provides psychiatric services, symptom management, vocational placement and job coaching, supportive counseling, opportunities for social interactions, individual and group psychotherapy, medication management and distribution, education and money management and budgeting, coaching in activities of daily living, including how to maintain a household and homemaking skills, crisis intervention, case management and supportive services to people with severe and persistent mental illness. All consumers in the CSP, at some time, have had acute episodes that have resulted in the need for frequent psychiatric hospitalizations and emergency detentions to institutes for mental disease. Consequently, in the past, their lives were disrupted and they were removed from their community of choice. Presently, CSP services can be titrated up and down quickly as the need for more intensive treatment arises.

Jefferson County's CSP also provides consumers the evidence based practices (please see sections below for detail) of Illness Management and Recovery, Integrated Dual Diagnosis groups for those with substance abuse issues, Supportive Employment, Seeking Safety, Cognitive Behavior Therapy, Coping CAT and DBT. Consumers also are encouraged to complete Wellness Recovery Action Plans that specify what is helpful for the person in a crisis situation and function similar to a psychiatric directive.

It is believed that due to these combined efforts the Jefferson County CSP was successful in helping consumers meet their goals and enhance the quality of their lives in the most cost effective manner.

Some of the specific accomplishments for the year 2013 include:

1. Three consumers, who were on Chapter 51 orders, successfully completed his or her court requirements.

2. One consumer resumed managing her own money as her skills were enhanced and the protective payeeship was dismissed.

3. Twenty two percent of consumers worked in a job of their choosing.

4. Twenty three consumers served the community through volunteer work through such places as Fort Atkinson Memorial Hospital, St. Vincent's, nursing homes, Rock River Free Clinic, Food pantry, CSP consumer council, Horizons Drop In Center, and Twice as Nice.

5. Six consumers pursued educational goals. Three of the consumers attended UW Whitewater, with two graduating in May. One consumer began classes at MATC. Two consumers pursued HSED degrees with one successfully obtaining the certificate.

6. Three consumers moved out of adult placements and into their own apartments.

7. All goals were met from last years report. These will be reviewed below in detail.

REVIEW OF 2013 GOALS:

There were nine program goals established for 2013.

Goal number one for 2013 was: Implement the electronic health record system.

The electronic records system for documenting progress notes was implemented in July of 2013 across the CSP. A note field is now generated when the staff member creates a billing record in their daily activity log. The notes can be done in the community as well and many are done collaboratively with the consumer in session and uploaded to the network when the staff returns to the office.

Notes can now be monitored more efficiently and quickly and there are no longer errors involving billing codes differing on the entry versus the progress note. Staff time has been saved by no longer needing to access each paper chart to match the billing to the note.

Goal number two for 2013 was: Run the Niatx process and implement projects throughout the year.

NIATx is an evidenced based rapid change cycle model where changes are implemented for process improvement. The changes are focused on reducing waiting times and increasing retention in behavioral health treatments. The model consists of four stages including Plan, Do, Study, and Act. In the Act phase a decision is made to adopt, adapt, or abandon the change.

In 2013, a Niatx project was implemented throughout the year. The goal of this year's Niatx project was to develop a Wellness Recovery Action Plan (WRAP) for each CSP consumer. WRAP plans are an evidence based practice that involves creating individual plans including a Wellness Toolbox, a Daily Maintenance plan, a plan for coping with triggers and warning signs, identification of signs that things are breaking down, and a crisis plan. This formula has been used to manage a variety of lifestyle changes including both mental health and physical health concerns by implementing wellness strategies and promptly addressing any increase in symptoms.

Goal number three for 2013 was: Continue to offer training in evidenced based practices at the CSP

In 2013, Staff attended a variety of trainings and conferences including The Mental Health and Substance Abuse Conference, The Midwest Conference on Childhood Abuse, and The Crisis Conference. Staff continue to focus in team meetings and supervision on core concepts from Cognitive Behavior Therapy, Dialectical Behavior Therapy, Seeking Safety, Motivational Interviewing, WRAP plans, Illness Management and Recovery, Supported Employment, and Coping CAT.

Goal number four for 2013 was: Implement a system to monitor physical health issues and provide appropriate treatments and interventions.

Consumers with severe and persistent mental health issues face a variety of health challenges. Many use illegal substances, prescription medications, or alcohol to deal with stress and symptoms. The incidence of smoking cigarettes is higher than in the general population. Medications that are prescribed to treat their mental health symptoms can lead to high blood pressure, high triglycerides, high cholesterol, diabetes, and obesity. Studies have shown that the lifespan for someone with a severe and persistent mental illness averages at least twenty years less than someone without a mental health diagnosis. The field is putting more emphasis on treating physical health conditions along with mental health symptoms and that has been a focus in the CSP for 2013.

During the year the medical director and CSP team came up with health monitoring measures that should be tracked and developed a spreadsheet to monitor specific criteria. Some of these things included cholesterol levels, triglycerides, and blood glucose levels for those on antipsychotics, mammograms and pap smears for women within the recommended age frames, yearly physicals, and discussions on smoking cessation options for individuals that smoke. This system is in the process of being implemented currently.

During 2013, the CSP also participated in a research project with NAMI and the UW on utilizing peer support specialists to assist consumers in being more motivated to quit smoking. The project ran for several months with many of the people that smoked participating. Several consumers quit and others were able to reduce their cigarette use.

Goal number five for 2013 was: Continue to monitor and improve the quality of our services through tracking outcomes in the CSP database and through the ROSI survey.

Close attention was again paid to tracking outcomes in the consumer database to monitor for outcome measures. In 2013, eighty two emergency room visits were tracked for CSP consumers. This averages .53 visits per consumer in the CSP in 2013, down from .63 ER visits per consumer last year.

Fifteen Community Support Program consumers accounted for 23 tracked hospital stays in 2013 down from 28 admissions in 2012. This accounted for 155 hospital days for the year down from 246 last year. The average hospital admission lasted 6.7 days down from 8.9 days the previous year. There was an admission rate of one in six consumers for this year. In general, the hospital admissions decreased in frequency and length of stay in 2013 again. This likely results from following the consumer's WRAP plans that were completed, a growing trend in the field for shorter psychiatric admissions, and a continued concentrated effort to maintain consumers in the community which is generally their preference.

Twenty two consumers accounted for 38 tracked admissions to the Lueder Haus in 2013 down from 65 admissions for 2012. There was a total of 674 Lueder Haus days used by CSP consumers down from 994 days the previous year. The average admission length was 17.7 days. This is up from the 15.3 day average in 2012. This was likely due to having two consumers who had a significant relapses that were admitted for several months at a time with unusually long admissions. Removing those two consumers, the admission stay drops to

11.5 days per consumer. We continue to make greater use of the Lueder Haus as we continue to focus on providing support in the least restrictive setting, moving away from the hospital.
In 2013, the CSP consumers met 61.6% of their treatment goals that were identified in their individualized recovery plans. In 2012, 64.9% of identified goals were met. This will be an area targeted for improvement in 2014.

This data will continue to be reviewed and tracked in 2014, with an emphasis on reducing the utilization of the emergency rooms, hospitals, and Lueder Haus while increasing the percentage of recovery plan goals met.
We again decided to implement the Recovery Oriented System Inventory (ROSI). The ROSI is the result of a research project that included consumers and non-consumer researchers and state mental health authorities who worked to operationalize a set of mental health system performance indicators for mental health recovery. The ROSI was developed over several phases with a focus group of consumers who were able to develop a 42 item self-report adult consumer survey. A factor analysis resulted in the domains of staff approach, employment, empowerment, basic needs, person centered, and barriers being able to be measured. The ROSI was found to be valid and reliable over the three phases of implementation.

Consumers of the CSP were sent a ROSI survey to complete anonymously. Fifty seven consumers completed this survey up from forty eight in 2012. The following chart further explains the ROSI and summarizes the results. The questions associated with scales 2 and 5 are worded negatively, so a lower mean is seen as more positive.

Means and Percentages for ROSI Consumer Survey Scales

	ROSI Overall Mean	Scale 1 - Person Centered	Scale 2 - Barriers	Scale 3 - Empower	Scale 4 - Employ	Scale 5 - Staff Approach	Scale 6 - Basic Needs
Average for All Consumers	3.4	3.5	1.9	3.5	3.6	1.8	3.2
% w/ Mostly Recovery-Oriented Experience	80.4%	84.6%	55.4%	87.5%	75.0%	69.6%	73.1%
% w/ Mixed Experience	19.6%	11.5%	32.1%	10.7%	23.1%	8.9%	23.1%
% w/ Less Recovery-Oriented Experience	0%	3.8%	12.5%	1.8%	1.9%	21.4%	3.8%

Note: Means can range from a low of 1.0 to a high of 4.0. However, item wording for the shaded scales are negatively phrased, so a low mean represents a more recovery-oriented experience (meaning the consumer disagreed with the negative statements.)

The means from 2013 continue to show positive results. These results continue to indicate that consumers feel empowered by CSP staff and person centered planning occurs. Further, consumers report liking the approach of staff and find that the barriers to seeking services they need are minimized.

The results were consistent with the results that we collected in 2012.

Goal number six for 2013 was: Continue to implement and monitor the fidelity of the evidence based practices and begin using rating scales to measure the effectiveness of treatment.

1. ACT Fidelity score: 114

Our CSP team continues to function as an ACT team. Fidelity is rated on a five point scale, with five meaning full fidelity. We rated 1 in three areas this year. Two are related to staffing patterns. Full fidelity involves having two nurses per one hundred consumers and a full time vocational specialist. We only have eight hours of nursing time to provide for the needs of one hundred fifty five consumers over the year. There is also only very limited access to a vocational specialist at this time. There are no plans to address this currently. The second area involves the number of consumers we have attending monthly treatment groups for dual diagnosis. While we see an increase in substance abuse issues for the consumers we are currently serving, many of these individuals remain in the engagement phase of treatment where they are pre-contemplating change. They are not yet ready to engage in a treatment group. The team continues to use Motivational Interviewing to enhance engagement and motivation when working with people dually diagnosed with substance abuse issues. In other areas, the team scored in a three to five range. This indicates very good fidelity to the model. The fidelity score improved this year due to the increased community contacts, face to face time, and greater adherence to the model.

2. Illness Management and Recovery. Fidelity score: 56

We did offer this curriculum as a group this year and also worked on it with several members of the CSP independently. The team has over the past year worked on completing the Illness Management and Recovery curriculum in whole or in part with a number of individual consumers. New admissions to the CSP are encouraged to complete the curriculum.

3. Integrated Dual Diagnosis Fidelity score: 53

We continued to use motivational interviewing and approached treatment in stage-wise interventions. We work as a multidisciplinary team with time-unlimited services. We offer pharmacological treatments and promote health and wellness. We continue to be low in the percentage of people with co-occurring disorders who participate in both treatment and self-help groups. We are seeing an increase in individuals being served who are dually diagnosed. Our fidelity to the model is low. We could improve this by increasing substance abuse training to staff and continuing to offer treatment groups.

4. Seeking Safety

This continued to be offered at CSP in 2013. It is an evidenced based practice which provides treatment for individuals with addictions and trauma histories. The curriculum was done with several individuals in symptom management sessions with his or her case manager.

5. Supported Employment

Our CSP and CCS team have one employment specialist, who is fully integrated into the mental health treatment of consumers. The employment specialist does have small caseload size, and is a generalist, completing all phases of vocational services. Employment searches occur in an individualized manner with a permanent, competitive job being the goal. In 2013, the job search began even before DVR services were established with some consumers. There continues to be about a six month delay from the time when consumers request DVR services until services are approved. The CSP team also works to provide supports to maintain employment as needed.

In 2013, there continued to be an individual working to provide vocational services to CSP and CCS consumers. The supported employment program also served as a vendor for individuals that were in the CSP, and were referred by the Department of Vocational Rehabilitation (DVR). As a vender of DVR services, the vocational specialist provided services related to vocational assessments, job placement, job coaching, benefit analysis, and job shadows, and assistance in arranging transportation. Employment services in 2013 through DVR.

Consumers receiving vocational support learned job skills to obtain and keep employment. They learned these skills through individual sessions and through experience with employers. Supports were offered to the employer as needed to maintain the job once the consumer began working.

Many of the consumers served by the vocational program gained or maintained employment. With the consumers already working, thirty six consumers had employment at some time throughout the year. This led to twenty two percent of CSP consumers working. Some of the places of employment were at group homes, supported apartments for people with disabilities, restaurants, cleaning at a wayside, self-employment, factory work, psychiatric hospitals, and the outlet mall. The positions that were filled in the community were: grounds maintenance, CNA, custodian, group home worker, drivers for people with disabilities, delivery driver, self-employment, math tutor, retail associate, and repair person. Other consumers remained employed through Opportunities, Inc. until they could find community employment.

Furthering education continues to be a focus of the CSP vocational program. A total of six consumers from the CSP attended post high school programs in 2013. One consumer attended UW Whitewater obtaining a degree in Biology in May of 2013. This consumer is now employed full time in her field. A second consumer was at UW-Whitewater pursuing a degree in education which he obtained in May of 2013. Another consumer attended UW-Whitewater to pursue a career in social work. The final three CSP consumers attended MATC to obtain their HSED degree. Depending on what the person wanted and needed, CSP staff helped people register for classes, coordinate services with the student disability services, obtain financial aid, manage their symptoms while in classes and arrange transportation to school.

The team also continued to implement evidence based practices including Dialectical Behavior Therapy, Cognitive Behavior Therapy, Exposure Therapy, Coping CAT, Motivational Interviewing, and WRAP plans.

Goal number seven for 2013 was: Address staff wellness issues in team meetings and promote stress management techniques such as mindfulness.

Again this year, staff appreciation meetings were held to recognize strengths among the team.

Goal number eight for 2013 was: Identify and begin to implement standardized outcome measurement tools.

The depression scale tool, the PHQ-9 (Patient Health Questionnaire) was used at admission, at each six month review, and upon discharge to track progress in managing depression. The outcome measures of hospital days, Lueder Haus days, Emergency room visits and treatment plan goals met are also tracked in a database.

Goal number nine for 2013 was: Create a CSP work group to address limits in staffing and problem-solve ways to continue to maintain the program without a waiting list.

The program was able to continue without a wait list through November. Discussions were held and decisions were made to review discharge criteria for CSP consumers and target those who would be able to maintain their mental health recovery without the intensive supports needed through CSP. This will be further addressed in 2014.

2014 GOALS:

1. **Meet key indicator outcome of**: Increase the rate of completion of treatment plan objectives from 61% to 70%.

2. Present the annual report to the consumers in some forum.

3. Train all staff in motivational interviewing and actively implement the skills in treatment sessions with consumers to improve their ability to achieve their goals.

4. Provide all staff with additional training in trauma-informed care.

5. Review the ACE study for Wisconsin with all staff in a team meeting.

6. Implement two NIATX projects in 2014.

7. Look at ways to improve participation in the consumer council and review its role in the CSP program.

8. Provide two recovery focused events for the consumers in 2014.

9. Implement a formal mechanism to systematically review each consumer's services to promote the maximum recovery focused services targeting barriers to increased independence in the community and addressing those barriers in services.

10. Review with each CSP consumer service needs to identify individuals who could do well with less intensive services and who are interested in graduating from the CSP as they move forward in their recovery journey.

11. Raise the rate of completion of treatment plan objectives from the 61% in 2013 to 70%.

COMMUNITY RECOVERY SERVICES

~Providing qualifying consumers with services to move forward in their recovery goals~

Community Recovery Services provide qualifying consumers with services to move forward in their recovery goals. Services that can be provided are peer support, employment services and community living supportive services. The program is funded through Medicaid. In 2013, ten consumers were served in the program. There were two admissions and two discharges. All ten consumers received community living supportive services. Eight of the consumers received supports in adult county residential placements. Two of these consumers were able to be moved to their own independent apartments and were discharged from the CRS program to only CSP supports. One of the admissions for 2013 involved an individual who had been in a residential placement for many years and was able to move out into her own apartment with supports going into her home through CRS. Although the program remains small in size, we have seen impressive outcome measures in the past several years for individuals returning to live more independently in the community.

In 2013, the program again focused on quality assurance and monitoring in regards to the recovery notes provided by the CLSS supports. This included multiple trainings of programs and direct service providers in the note format and proper provision and documentation of CRS services. Quality was monitored and frequent contacts were made with providers to resolve problems. CRS policies were further developed for billing, monitoring, and auditing the program. A training manual was worked on for CRS services to assist in the expansion of the program as needed. A financial and clinical audit of the program was conducted in fall of 2013 with positive feedback from the state.

A ROSI survey was implemented this year with the following results. Three of the ten consumers responded to the survey. A more detailed explanation of the ROSI survey can be found in the CSP section of this annual report.

Means and Percentages for ROSI Consumer Survey Scales

	ROSI Overall Mean	Scale 1 - Person Centered	Scale 2 - Barriers	Scale 3 - Empower	Scale 4 - Employ	Scale 5 - Staff Approach	Scale 6 - Basic Needs
Average for All Consumers	3.1	3.0	2	3.8	2.6	1.3	2.7
% w/ Mostly Recovery-Oriented Experience	66.7%	33.3%	33.3%	100.0%	33.3%	100.0%	33.3%
% w/ Mixed Experience	33.3%%	66.7%	66.7%	0%	33.3%	0.0%	66.7%
% w/ Less Recovery-Oriented Experience	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%

Note: Means can range from a low of 1.0 to a high of 4.0. However, item wording for the shaded scales are negatively phrased, so a low mean represents a more recovery-oriented experience (meaning the consumer disagreed with the negative statements.)
The respondents agreed that they felt empowered by the program services and liked the staff approach. They continue to experience barriers in meeting basic needs. The CRS team will focus next year on obtaining a larger sample size of participants completing the ROSI survey to obtain additional input into how the program is meeting the consumer's needs.

In 2014, options for expanding the program will be explored and a continued focus will be made on ensuring the quality of provider services and documentation.

COMPREHENSIVE COMMUNITY SERVICES PROGRAM (CCS)

~Providing qualifying consumers with services to move forward in their recovery goals~

The Jefferson County Comprehensive Community Services Program (CCS) completed its sixth full year. First certified in February 2006, Jefferson County's CCS program was granted a two-year license in March 2007. This license has been renewed every two years, most recently March 2013.

Program Description

CCS is a voluntary, recovery-based program that serves children (0-18), adults (18-62) and senior citizens (63-100) with serious mental health and/or substance abuse disorders. As stated on the State's, Bureau of Mental Health Prevention, Treatment and Recovery website, CCS services reduce the effects of an individual's mental health and/or substance use disorders; assist people in living the best possible life, and help participants on their journey towards recovery.

CCS offers an array of psychosocial rehabilitative services which are tailored to individual consumer. These services include: assessment; recovery planning; service facilitation; communication and interpersonal skill training; community skills development and enhancement; diagnostic evaluations and specialized assessments; employment related skills training; physical health and monitoring; psycho education; psychosocial rehabilitative residential supports; psychotherapy; recovery education and illness management; and additional individualized psychosocial rehabilitative services deemed as necessary.

General data

During 2013, 87 consumers ranging in age from 8 to 60 received services. This is consistent with number of people served in 2012. Throughout 2013, 25 new consumers were admitted and 31 consumers were discharged. Of the consumers admitted to the program, 17 were children and 8 were adults. Of the consumers discharged, 17 were children and 14 were adults. Of the 25 consumers who were discharged, 11 moved from our geographic service area, 9 recovered to the extent that CCS level of services were no longer needed, 4 consumers needed services beyond what CCS could offer, and 7 consumers decided to withdraw from services. Consumers had diagnoses of: schizophrenia, schizoaffective disorder, bipolar, major depression, borderline personality disorder, post-traumatic stress disorder, various anxiety disorders, and substance use disorders.

The CCS staff consists of a Psychiatrist and a CCS Service Director. As of January 2013 there are 5 full time CCS Service Facilitators, and a full time job developer/psychosocial rehabilitation provider.

Consumer Satisfaction

The CCS program conducted a Recovery Oriented System Indicators (ROSI) consumer survey to measure the consumer satisfaction of our program and how recovery oriented we are. We had 6 adult respondents this year. Below is the means and percentages table which breaks the survey down into the following categories: overall mean, person centered, barriers, empowerment, employment, staff approach, and basic needs. The barriers and staff approach categories are negatively phrased and a lower number in these areas shows the program and staff is doing well in these areas. These two areas remain below a mean score of 2. This year's ROSI showed a difference in all categories except the barrier category which did not really show any change. The overall mean, person centered and basic needs categories all increased positively. The categories of empowerment, staff approach and employment decreased in percentages. Even though these categories decreased at least 66.7% of people feel they had a mostly recovery oriented experience. Last year's ROSI showed a 100% in mostly recovery oriented experience for the categories of staff approach and empowerment. A theory as to why these percentages have decreased is the staff turnover that occurred in 2013. A focus for the program is to train these new staff in empowerment and recovery oriented approaches with consumers. Another significant change was in our supported employment score. This year CCS will be utilizing a contracted job developer trained in IPS to assist consumers in their pursuit of obtaining

employment. This worker will maintain strict fidelity to the evidenced based model and has been trained in the Dartmouth IPS model.

Means and Percentages for ROSI Consumer Survey Scales

	ROSI overall mean	Scale 1 person centered	Scale 2 Barriers	Scale 3 Empowerment	Scale 4 Employment	Scale 5 staff approach	Scale 6 Basic needs
Average for all consumers	3.6	4.0	1.9	2.9	2.9	1.2	3.1
% with mostly recovery oriented experience	100.0%	100.0%	40.0%	66.7%	66.7%	83.3%	83.3%
% with mixed experience	0.0%	0.0%	60.0%	33.3%	0.0%	16.7%	16.7%
% with less recovery oriented exp	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%

Monetary benefits

In 2013 the CCS program was reimbursed $357,885.77 from Medicaid for services provided to consumers. This is a decrease of $34,733.95 from 2012. This will be a focus of our program in the next year to assure we are recouping the maximum amount of funds possible. We are focusing on compliance, collaborative documentation, and increasing our network of community providers. Some of the challenges of this year that may account for a lower recoupment would be the loss of two long time CCS staff, was left within a couple months of each other and needing to replace those positions. This involved recruiting, interviewing and training new staff. During this time some consumers decided to discharge from the program as they were near or to their discharge goal and did not want to start with a new service facilitator. New consumers were not signed in as quickly due to the case loads of the remaining service facilitators and taking on extra consumers until the vacant position was filled.

Children

In 2013, the CCS program served 47 children, ages 8 to 17; of these children, 29 were males and 18 were females. Sixteen children were admitted to CCS and 17 were discharged. Of the sixteen discharged, seven children moved out of county, three children chose to withdraw from the program, four children met their discharge criteria, and one child needed a higher level of treatment. Thirty-seven of the children resided at home all year or with a relative, three moved from out of home back home or to a relative's home, one lived in a group home, three lived in a foster home/treatment foster home, and three children lived in a group home part of the year and a foster/treatment foster home part of the year.

During 2013 four children had a mental health commitment order. Two of the children were able to end their mental health commitment order. In regards to Child Protective Services (CPS) orders, two of the children's families began a CPS order; four were currently on an order, one order ended, and one child's family moved out of county. Juvenile Justice Orders consisted of 8 adolescents having already been on an order, 7 adolescents beginning an order, and 6 of the adolescents being able to end their order. Of the 7 adolescents

beginning their orders in 2013, five of the adolescents were new admissions to CCS. Of the 6 adolescents that ended their Juvenile Justice court order, 4 were also discharged from the CCS program.

There were 11 children/adolescents with police contacts with a total of 31 police contacts. Four children/adolescents had 4 or more police contacts during the year, with one adolescent having a total of 9 police contacts for the year. Four of the adolescents spent time during the year in shelter or secure. There was a total of 17 days in Secure for two of the adolescents and a total of 59 days in Shelter for three adolescents.

Of the 47 children in CCS, 6 children attended school partial days due to behavior and mental health issues. Of the 6 that attended partial days, 4 were able to go back to school for full days in 2013. One child participated in an alternative school program, one child went from doing on line school to attending school, and three of the adolescents in CCS graduated from high school in 2013. Two of the adolescents received suspensions from school during the year. One adolescent was suspended a total of three days and the other a total of five days.

There were 11 children admitted for psychiatric hospitalizations. Five of the children had voluntary admissions, five of the children had involuntary admissions, and one child had involuntary and voluntary admissions. The voluntary hospitalization days totaled 45. The involuntary admissions to Winnebago Mental Health Institute totaled 103 days and involuntary admissions to Wheaton and Rogers' hospital totaled 24 days. There were 4 emergency room visits.

Adults

In 2013, the CCS program provided services for 40 adults aged 18-60. Of these adults, 7 were males and 33 were females. Thirty-five people lived in their own apartment/home, two people resided in a group home, one person resided in an adult family home, and two people resided in a supervised apartment. Three adults were under a guardianship. Of the three adults under a guardianship, two also had mental health commitment orders. Four individuals had mental health commitment orders with one individual not having their order continued.

In 2013, nine adults were admitted to CCS and fourteen were discharged. Of the people discharged, three individuals were transferred to the outpatient clinic for services; two people were transferred to the Community Support Program (CSP) due to increased symptomology and the need for additional services. Three individuals moved out of county, three individuals did not engage in services, and four individuals were discharged for successfully meeting discharge criteria. Two of the four individuals chose to receive services with the outpatient clinic.

Six adults had voluntary psychiatric admissions, one adult had voluntary and involuntary admissions, and three adults had all involuntary admissions to the hospital. The voluntary admission days totaled 54 days. The involuntary admissions totaled 99 days. One person accounted for 69 of the 99 involuntary days. Six of the adults in CCS utilized our crisis stabilization facility. The days for the crisis stabilization services totaled 128. There were also 25 ER visits between 7 adults. Two adults were hospitalized for surgeries, including liver ablations and knee replacement.

Elderly

The CCS program did not serve anyone who was considered elderly.

Recovery Plans

Consumer recovery plans are reviewed every six months. Forty-three consumers participated in the CCS program long enough to have two plans in 2013. Overall, 61.5% of their objectives were met. Twenty-four consumers were able to meet 100% of their objectives on at least one treatment plan. Eleven consumers were able to complete 100% of the objectives for the year. The children met 61% of their objectives. Seven children

were not able to meet any objectives during a 6 month period. Of the seven, five were on delinquency orders, four only had one plan for the year and two were in out of home placements. The adults met 62% of their goals. Eleven adults were able to complete 100% of their objectives for a six month period. Three adults were able to complete 100% of the objectives for the entire year. We continued to use person centered planning when doing recovery plans. This approach to conducting the meeting and writing the plans has had a positive response from consumers, family members, contracted providers, and natural supports. Consumers have reported feeling in charge of their services and being able to direct the team in their needs. Family members and providers feel that they can easily read and understand the plan. Family members and other natural supports feel more connected as they are written into the plan providing services to the person. The plans also inform the consumer of the services they are to receive. This increases accountability since everyone on the team knows his or her responsibility in assisting the consumer in building recovery.

Additional service providers

The CCS program contracted with eight providers.

- Five individuals provided contracted therapy services. These individuals provided a mix of in-home and agency individual and/or family therapy.
- Three certified peer specialists assisted the CCS program last year. These trained peers provided support and advocacy for persons in their journey of recovery.
- We were able to train Orion therapists, in-home safety workers, and two other therapists in the community. We will be able to contract with and use these providers in 2014.

Because therapists, psycho-social rehabilitation workers, and peer support specialists employ psychosocial rehabilitation practices; their services were billable to Medical Assistance through the CCS program.

2013 Evidenced Base Practices

CCS provided the following evidenced based practice groups; Seeking Safety group and Managing Life group (Dialectical Behavior Therapy). The groups were co-facilitated with a clinic therapist and with a certified peer specialist. Individually people were offered Pyscho-education, Illness Management and Recovery, Cognitive Behavior Therapy, Dialectical Behavior Therapy, and Supported Employment. An anger management group was provided for adolescents. Coping Cat, CBT, and DBT were used with children and adolescents in the program.

CCS Coordinating Committee

The CCS Coordinating Committee is currently comprised of consumers, staff and parents. The committee meets quarterly at Human Services for at least one hour. The committee continues to focus on recruitment and retention of members and reviewing policy and procedures of the CCS program.

The CCS Coordinating Committee is submitting the following recommendations for the CCS program in 2014:

- A support group on sexual abuse
- A group on physical health issues (this will be provided at the beginning of 2014 by service facilitator, Carrie Braunreiter)
- A support group/parenting skills group for caretakers of children with emotional and behavioral problems
- Continue monthly newsletters; consumers enjoy receiving this
- Monthly consumer-run social events
- Having a dietician come in to address the group at a coordinating committee meeting
- A group for individuals with diabetes

- Getting referrals sooner (before people are in crisis); this could involve working closely with schools, doctors, ERs, churches, other community agencies so that they have information about CCS to refer people
- Support group for anxiety
- Seeking Safety group
- Kids groups (teen girl group-Seeking Safety)

REVIEW OF 2013 GOALS:

- Expand CCS providers specializing in trauma and attachment for children and adolescents by December 31, 2013. ***We continue to search for providers in these areas that are willing to be trained in CCS and contract with our program. Most of the providers we have located are in other counties and are not always willing to be trained in CCS or contract with our program.***
- Assess, track and integrate physical health measures while facilitating follow-up with primary care provider by December. ***We are doing this with consumers and are making sure everyone gets a physical and follows up with recommendation from their primary health care providers. We have consumers in our program that have serious health issues including liver and kidney failure.***
- Expand all CCS providers for children and adults by December 31, 2013. ***We have added some new providers and have trained several providers that we will be able to utilize in 2014.***
- Provide two groups for adults and two groups for children throughout the year. Groups can include; Seeking Safety, DBT, social skills, anger management, psycho-education, coping cat, and any other evidence based material that may fit the need of the consumers. ***We are currently doing an anger management group for kids and seeking safety group for women.***
- All groups will be co-facilitated by a certified peer specialist. ***There is a peer specialist in the seeking safety group that was offered this year.***
- Tracking and assessing outcomes for all consumers. ***We are using monthly calendar pages to track different outcomes and provide updates on them each team meeting. We are also using PHQ9 for adults. We are using some depression rating scales for children but need to come up with an agreed upon tool so all service facilitators are consistent with what they are using.***
- Track the following for children:
    - Police contact
    - Permanence and stability of placement
    - Increasing problem solving techniques
    - No new CPS referral
    - No new Delinquency referral
    - Follow court ordered services
    - Decrease in physical/sexual aggression
    - School performance/functioning
    - Family satisfaction
    - Anxiety/depression scores
    - Trauma assessment and treatment

At each CCS team meeting we discuss and track this information. Each year we will be able to compare the data that has been collected to see where we are making progress and what we need to change in order to see progress. We will continue to track outcomes in these areas and in 2015 we will compare the outcomes from 2013 and 2014 to see where we need to implement or improve services.

REVIEW OF TRAINING GOALS FOR 2013

- Facilitate a mental health awareness day for children/adolescents. ***We were unable to facilitate this but are planning for it in 2014.***
- Training for CCS staff specific to child/adolescent mental health. ***The staff were able to attend trainings specific to children/adolescents and we were able to contract with therapist who have experience in this area.***
- Training on the DSM V. ***Two of the staff were able to attend this training in 2013 and the rest of the staff are registered to attend in 2014.***

PROGRAM GOALS FOR 2014

- Regionalize CCS with Rock and Walworth counties by July 2014 or as the State allows.
  This will involve:
  - Sharing specific services and procedures
  - Developing governance understandings
  - Completing required paperwork and approvals from DHS
  - Hiring additional staff
  - Serving more consumers
- Increase number of CCS providers for children and adults by December 31, 2014, who are trained in needed evidence based treatment protocols.
- Increase the role of peer specialists by educating all new consumers on what a peer specialist is and how they can help them in their recovery by December 31, 2014.
- Ensuring compliance in Medicaid billing requirements and documentation by reviewing notes every two weeks, discussing documentation weekly during clinical supervision, continuing collaborative documentation, training new staff in regards to proper documentation, and weekly chart audits by December 31, 2014.
- Working with the CCS coordinating Committee to have a Recovery Day where consumers, peer specialists, and others can share their stories of recovery and where people can learn more about recovery by October 31, 2014.
- Present annual report to the CCS coordinating Committee by July 31, 2014.
- Complete at least one continuous quality improvement project using the NIATx model.
- Continue to track outcomes for children and in 2015 use the data from 2013 and 2014 to establish services for 2015.

TRAINING GOALS FOR 2014

1. **Key Outcome Indicator:** Throughout 2014, the CCS staff will participate in agency wide training on Motivational Interviewing.
   a. All staff then will use motivational interviewing skills when appropriate. This will be tracked by an increase in consumers engaging in treatment, and increasing the percentage of objectives met to 70%.
2. Commencing in early 2014, the CCS staff will apply their Cognitive Behavior Therapy training.
   a. All staff will then use Cognitive Behavior Therapy in all treatment plans for depression and anxiety
   b. PHQ 9 results will be compared to pre and post implementation
3. Implement DSM V by October 1, 2014.
   - Attend training on the DSM V and begin using by October 1, 2014.

EMERGENCY MENTAL HEALTH

~Helping individuals receive crisis assessments, response planning, linkage and follow up, and crisis stabilization services~

Our Emergency Mental Health (EMH) crisis intervention services were certified under HFS 34 in October of 2007. In becoming certified, the Department did not have to add any new services or new staff. The Department organized procedures, formalized policies, developed billing systems and trained staff across the entire agency. We continue to revise and update these policies and procedures.

Intake/Crisis staff operate 24/7 on site, including weekends and holidays. Potential Emergency Detentions are assessed by County staff using an immediate response system in consultation with the Medical Director. Depending upon acuity of presenting issues, including safety, determinations are made for immediate intervention including inpatient hospitalization, group home or other crisis stabilization placement. St. Agnes in Fond du Lac and Winnebago Mental Health Institute are the primary facilities used for Emergency Detentions. Private hospitalizations are also used when appropriate. Non-crisis community requests or referrals for services are also managed by our staff, who assess immediate and longer term needs with consumers, and then connect them to the needed services by written and oral discussion with the appropriate manager and staff. The Intake staff have immediate and open access to the Medical Director as well as to managers as needed.

In 2013 we had 5,671 EMH/Suicide contacts. These people received crisis assessments, response planning, linkage and follow up, and crisis stabilization services. Of these contacts 363 emergency detention assessments were completed, 154 people were emergently detained and 220 were diverted. Of the individuals who were emergently detained, 14 of them were emergently detained in another county with venue transferred to us, 21 of them were out of county residents, 11 of those who were out of county residents were placed in a group home, and 15 people were emergently detained from the Jefferson County Jail. Of the 154 people only 44 people were currently receiving services through our human services department. Forty three of the emergency detentions were dismissed and 9 were converted to a guardianship/protective placement.

The Lueder house, our crisis stabilization facility, is an 8 bed class A CBRF (community based residential facility). In 2013, 69 consumers were served at the Lueder house. The average length of stay for consumers was 30 days. Several people who came into the Lueder house this past year were homeless and unemployed which contributed to longer stays for people.

In the fifth full year of certified Emergency Mental Health services, we billed $83,739.55 to Medicaid for our services and received payment of $46,712.47.

Lastly, 100 people were served by the Lueder Haus, our crisis stabilization facility. We were also able to bill $385,387.40 to Medicaid for our crisis stabilization services and received payment of $112,995.53.

REVIEW OF 2013 GOALS:

1. Continue to meet and collaborate with all stakeholders. *Was done during the year via phone and face to face meetings. We met with law enforcement, schools, emergency departments, etc.*

2. Implement electronic health records by December 31, 2013. *This is set to be implemented in April 2014.*

3. Meet with essential personnel from the nursing homes in Jefferson County to work with them on meeting the growing need for the elderly with mental health diagnosis by October 31, 2013. *This goal will be continued in 2014. There were discussions with the ADRC manager on trying to have a larger scale meeting. Individual discussion was had with the nursing homes when we received calls regarding needs for crisis assessments. These situations were followed up and discussed on how we might be able to better meet the needs or how we might handle things differently in the future.*

4. Train and utilize second shift intake worker to be beneficial to the after-hours worker and response time by June 1, 2013. *This was accomplished and really helped with improving the response times with law enforcement and emergency departments.*

5. Train and implement contracted certified peer specialists to provide services at the Lueder House by June 30, 2013. Examples of the services would be the warm line, groups, and meeting with consumers as soon as they are admitted for crisis stabilization*. This goal was met and currently two peer specialists provide groups and supports at the Lueder Haus. One of the peer specialists is assisting individuals who are homeless and unemployed to apply for housing and for employment.*

6. Complete Niatx project regarding crisis response times with law enforcement by August 31, 2013. *This was completed and was presented at the mental health AODA conference in October 2013. We purchased a smart phone for after-hours staff to share which converts voicemails into text messages. With this technology the afterhour's staff can quickly see if the call needs an immediate response when they are involved in another type of assessment. Law enforcement was also given the cell phone number so they could contact the worker directly if they were mobile in the community. We also implemented and second shift position to assist with peak volume times.*

7. Have a certified peer specialist trained in brief screening and health education by November 1, 2013. *This goal was not able to be accomplished in 2013.*

REVIEW OF EMH TRAINING GOALS FOR 2013

1. Train children's crisis stabilization homes by August 1, 2013. *This training was provided by Wendy Winger of the Children's Crisis Network on February 26, 2013. About 15 people were in attendance.*

2. Train all staff to use electronic health records by December 31, 2013. *This was not able to happen as the electronic health records were not ready to go at this time. There is a training scheduled for April 16, 2014.*

3. Continue to offer EMH 101 training to all new staff. *New staff continues to be trained throughout the year.*

EMH PROGRAM GOALS FOR 2014

1. **Key Outcome Indicator:** maintain current emergency detention diversion percentage, whenever possible, by continuing to review and improve voluntary options.

2. By December 31, 2014 EMH supervisor will have met with area mental health providers to discuss services offered and to develop a better relationship with them and the EMH program.

3. Implement electronic health records by July 1, 2014.

4. Meet with essential personnel from the nursing homes in Jefferson County and ADRC manager to discuss changes in chapter 55 and to work with them on meeting the growing need for the elderly with mental health diagnosis by December 31, 2014.

5. Complete training in emergency mental health for the certified peer specialists and have them bill for the services they are providing at the Lueder House by June 1, 2014.

6. *Complete one walk through and continuous quality improvement project using the NIATx model at the Lueder House* by October 1, 2014.

7. Increase certified peer specialist services at the Lueder House by June 1, 2014.

8. Develop a children's crisis stabilization home in the area as an alternative to hospitalization and as a resource when there are no beds available for a voluntary hospitalization by December 31, 2014.

9. Explore ways to increase revenue, including reviewing what staff are in the referral and follow up areas.

10. Find a provider who is able to provide crisis stabilization services for children in their home and initiate use.

11. Explore options of where we can capture revenue that we are currently not using by June 1, 2014.

EMH TRAINING GOALS FOR 2014

1. Train all staff to use electronic health records by July 1, 2014.

2. Offer EMH 101 training to all new staff and to specific vendors, in particular those who could provide one to one crisis stabilization for children in the child's home.

*** * * ***

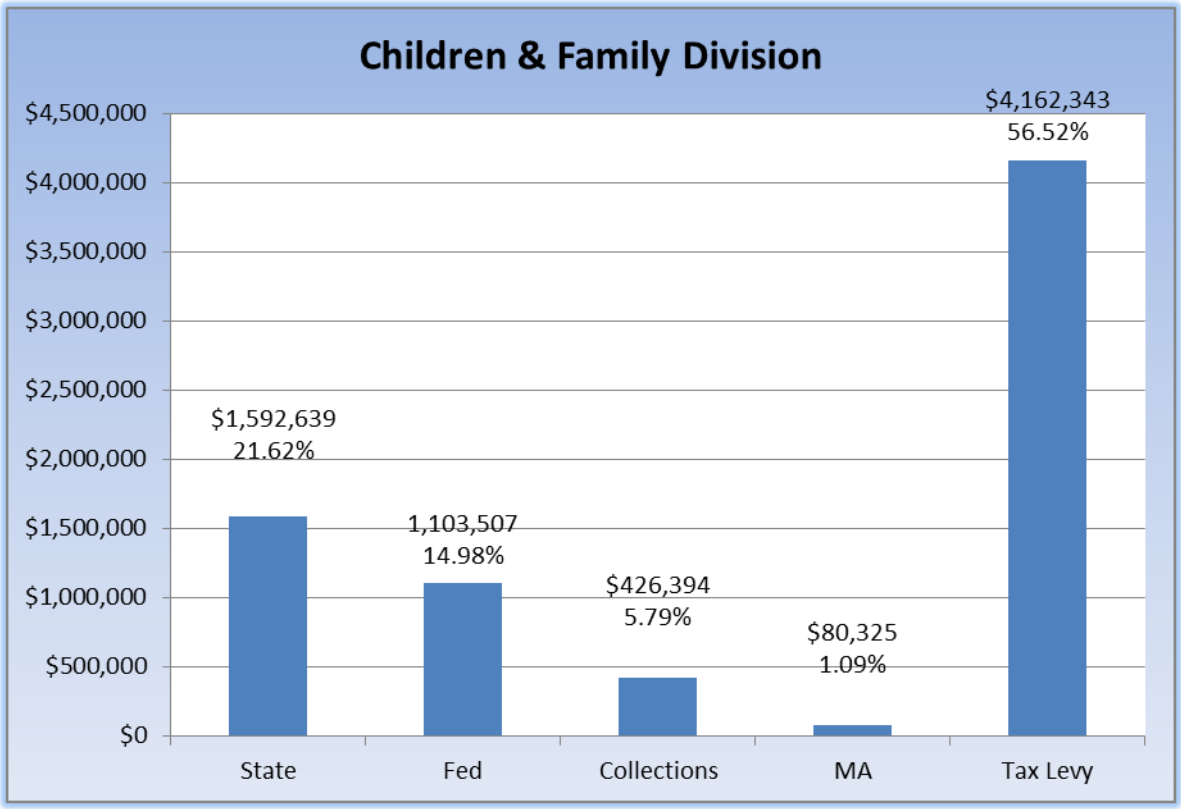
CHILD & FAMILY DIVISION

~ Keeping families together and assisting them to live in their own communities ~

The Child and Family Division of Jefferson County Human Services consists of the following teams; Juvenile Intake, Access, Initial Assessment, Early Intervention, the Busy Bee Pre-school, Child Protective Services, Juvenile Justice, Wrap Around, Children's Long Term Support, Child Alternate Care, and Independent Living. These diverse teams that comprise our Child and Family Division serve the residents of Jefferson County through a variety of multi-faceted programming. The long term goal across the division is to partner with the family to develop a comprehensive treatment plan and provide the follow up coaching and service provision for long term independent success. The primary focus of this division is providing safety, permanence, and well-being across the continuum from birth to the age of majority.

A core belief of our Division is that children have the right to live in a safe environment with appropriate intervention and services that are expected to last until they reach adulthood. In 2013 the Child and Family Division recognized and responded to the growing need for services aimed at our children with complex alcohol and drug issues along with severe mental health needs. This resulted in developing contracts with Orion Family Services, Connections Counseling, Resonating Change and Lutheran Social Services to provide services ranging from intense in-home family therapy to intensive alcohol and drug outpatient services aimed at the entire family system.

The Child and Family Division revenue comes from County tax levy, State and Federal funds as denoted in the following graph. The most significant expenses for the Division are customarily alternate cares costs, staff wages and benefits.



For 2014 the Division established "overarching" goals for the Division as well as key outcome indicators for each team. The "overarching goals" for the Division are as follows:

- Safety, permanence, and well-being for all children referred to the Department
- Develop prevention and treatment programs for the emerging issues impacting children and families

The key outcome indicators include meeting state and federal indicators, timelines, key staffing procedures, hospitalization prevention, team composition, community placement preservation, and secondary education attendance.

The Division continues to provide best practice and evidenced based practices across all teams to build on the pre-existing strengths, while addressing the needs of children and families. The staff of the Child & Family Division is dedicated to the community, their colleagues, the agency and most of all to the children of Jefferson County.

CHILD & FAMILY DIVISION TEAMS

Intake

Child in Need of Protective Services

Juvenile Justice Integrated Services

Restorative Justice Programs

Coordinated Service Team

Birth to Three

Busy Bees Preschool

Child alternate Care

Children's Long Term Support Waiver Program

Independent Living

Incredible Years

INTAKE

~Provides intervention to children and families when there are allegations of child maltreatment and/or where a threat of danger to a child has been identified~

The Intake Unit at Jefferson County Human Services Department continues to perform numerous tasks that not only help ensure the safety of the children, and families we serve, but also the safety of our community. Such tasks continue to include receiving and screening access reports regarding child welfare and juvenile justice, conducting Child Welfare Assessments, conducting Child Protective Services Initial Assessments, as well as processing Truancy and Juvenile Justice referrals. The Intake Unit continues to be comprised of one Supervisor, one Access Worker, four Initial Assessment Workers, two Juvenile Court Intake Workers, as well as one second-shift Intake Worker and three After Hour Intake Workers who are co-supervised by the Emergency Mental Health Supervisor.

As noted in last year's Annual Report, in 2012 Jefferson County was selected to be part of Phase 3 of the Alternative Response pilot program in Wisconsin. To reiterate, the Alternative Response approach to Child Protective Services focuses on engagement, teaming with families, and connecting families with both formal and informal services up front. While traditional Initial Assessments (investigations) are warranted in high-risk child abuse and neglect cases, research has shown that Alternative Response is a more appropriate and successful practice in low to moderate-risk child abuse and neglect cases. The purpose of CPS intervention has always been to ensure children's safety while partnering with families to provide services that meet their needs, but unlike a traditional Initial Assessment, Alternative Response engages the family in a different way and dismisses the labels of "maltreater" and "victim", thereby removing any maltreatment finding. This can help cultivate relationships with families and increase their voluntary engagement in services. In late 2012, staff and management completed extensive training in conducting Alternative Response Initial Assessments and the Intake Unit began using this approach in December 2012. As outlined in our 2013 goals, the Intake Unit wanted to become proficient in the implementation of Alternative Response cases and use this approach in every CPS case that allows for this type of approach. The Intake Unit is using the Alternative Response approach in every Initial Assessment that is conducted unless there are circumstances that would necessitate a Traditional Response approach. Circumstances that preclude a case from being screened in as Alternative Response are cases where a Present Danger Threat and/or an allegation of sexual abuse have been identified at the time of the report. However, many cases that have been screened in as Traditional Response have been converted to Alternative Response as information gathered during the Initial Assessment process indicates that a maltreatment finding is not warranted. The Department of Children and Families does not generate formal reports on Initial Assessments that are screened as Alternative Response but data compiled internally indicates that 63% of the Initial Assessments completed in Jefferson County in 2013 were conducted with the Alternative Response approach. This percentage is noteworthy, given that 21% of the Initial Assessments in 2013 required a Traditional Response approach because they were regarding allegations of sexual abuse. The percentage of cases screened in as Alternative Response demonstrates that the Initial Assessment Workers are increasingly becoming more proficient in conducting Alternative Response Initial Assessments. Overall, it has indicated that both staff and families find this approach advantageous. The Initial Assessment Workers have shared that they find they are able to engage families better and connect them with services and resources, all while still meeting the Standards and ensuring child safety.

Whether a Traditional or an Alternative Response Initial Assessment is being conducted, it is important to identify and utilize appropriate relatives and collateral contacts during the initial assessment process. Contacting relatives and collateral contacts is not only a State Standard, but is also best practice when working with families. The expectation is that at least one appropriate relative and/or collateral be contacted on every Initial Assessment that is conducted. Collateral contacts have included extended family members, neighbors, school staff, as well as medical/treatment providers. The use of collateral contacts has proven to be extremely

valuable on many Initial Assessments as they have confirmed, negated, and/or provided additional information, which in turn has supported case findings and certain courses of action that have needed to be taken in order to ensure child safety. In addition, completing thorough family assessments assists the Initial Assessment Workers in advocating for families and connecting them with any needs that are identified. These needs have included referrals to the Health Department, CCS Program, Wraparound Program, Birth to Three Program, Incredible Years Parenting Program, PADA, CAC, and Workforce Development Center. The Intake Unit staff also assists families with other identified needs, such as clothes and baby items from our Unit's own pantry of items that have been donated by staff and community members.

As noted above, approximately 63% of the Initial Assessments conducted in 2013 were with the Alternative Response approach; however, there are circumstances that preclude a case from being screened in with this approach. Such circumstances include when a Present Danger Threat and/or an allegation of sexual abuse has been identified at the time of the initial report. In these situations, the Traditional Initial Assessment approach must be used at the onset of the initial assessment process. If a Present Danger Threat for a child is indeed identified at the time of the Initial Assessment Worker's involvement, the implementation of a Protective Plan is often necessary. All Protective Plans must be reviewed with, and approved by, the Supervisor. The Initial Assessment Workers are consistently and creatively using Protective Plans, when necessary. Such Protective Plans have included the use of family friends, relatives, and neighbors in order to maintain children in their homes while also ensuring their safety. The use of Protective Plans allows for the Initial Assessment Workers to gather and assess the information necessary in order to make further safety determinations and maltreatment findings. Because of this, the use of Protective Plans has prevented the need to place children outside of their homes in some cases. The Department of Children and Families does not generate formal reports regarding the use of Protective Plans but data compiled internally indicates that Protective Plans were utilized on approximately 20% of the Initial Assessments completed in Jefferson County in 2013.

To dovetail with the aforementioned, one of the Department's main objectives will always be to maintain children in their homes when possible. This is not only best practice but is also a requirement of the Federal Adoption and Safe Families Act. As noted in last year's Annual Report, efforts to maintain children in their homes were further supported by an In-home Safety Services Initiative Grant that Jefferson County was awarded by the Department of Children and Families in 2012. Together with Green and Rock Counties, our three Agencies are in a consortium that team with Orion Family Services, Inc. to create and implement in-home safety plans that can control danger threats, thereby keeping children safely in their homes. Components of the In-home Safety Services Initiative continue to include concentrated safety monitoring through home visits and phone calls, interventions such as parenting classes, a 24/7 crisis response hotline, informal supports to families, and connection to resources. In 2013, Jefferson County referred 7 families for in-home safety services that totaled 15 children. Because of these safety services, out-of-home placements for 15 children were prevented and these children were able to be safely maintained in their natural home environments. Not only does research indicate that children fare better when maintained in their homes, but this was a savings of over $96,000 in alternative care costs in 2013 due to the prevention of multiple out of home placements with the use of in-home safety services.

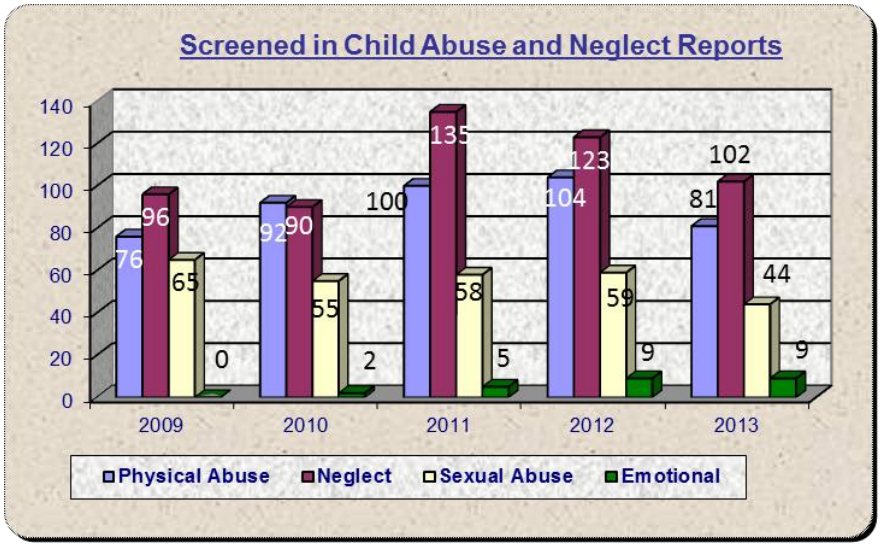
An ongoing objective for the Intake Unit is maintaining compliance with all CPS and Juvenile Justice State and Federal Standards and Timelines. We continue to accomplish this goal overall and we take pride in this, given the continually increasing caseloads and casework demands. According to DCF reporting, the Intake Unit completed 239 Initial Assessments in 2013. Our performance scorecard for completing Initial Assessments within the mandated 60 day timeline was 96%, whereas the State average was 71%. The Intake Unit's performance scorecard for successfully completing initial face-to-face contact on Initial Assessments within the screened in response time was 90%, whereas the State average was 76%.

Among the Intake Unit's goals for 2013 was to evaluate the use of more Evidence Based Practices in Juvenile Justice, as well as increase knowledge and practice on mental health issues and how they can relate to delinquency and truancy. The Juvenile Court Intake Workers attended the Annual Wisconsin Juvenile Court Intake Association Conference in September 2013, which presented information on topics such as Evidence Based Practices, Trauma, Bullying, and Drug Trends in Wisconsin. Staff and management also attended the New Approaches and Lessons Learned in Evidence Based Practices Conference in November 2013. Notably, many of the Evidence Based Practices that were discussed at these two Conferences are practices that Jefferson County already utilizes. The Juvenile Court Intake Workers are extremely responsive to juvenile referrals where mental health and AODA issues are identified. In many cases, the workers are having juveniles undergo evaluations, such as Psychological, Neuropsychological, and Psychosexual Evaluations, prior to court disposition. These evaluations have assisted in identifying the appropriate treatment and service needs of juveniles that are subsequently adjudicated and placed on Court Orders. Being able to successfully identify and meet the needs of these juveniles not only supports the balanced and restorative justice approach, but can also reduce recidivism.

Another one of the Unit's goals for 2013 was to continue developing and strengthening our collaboration with our community partners and multi-disciplinary teams in order to support and serve our children, youth, and families in Jefferson County. In April 2013, a roundtable was held with community partners and stakeholders as a continuation to the Alternative Response – Community Partner Meeting that was held in the fall of 2012. This was a very productive meeting where many questions were answered and ideas were generated. In 2013 the Intake Unit Staff conducted various Mandated Reporter Trainings at the request of our community partners, such as the Health Department, the Birth to Three Program, and the Jefferson County Headstart Program. The Intake Unit is part of the Child Death Review Team, the Sexual Assault Response Team, and the Domestic Violence Case Review Team, all of which aid in collaboration and support of one another and the families we serve.

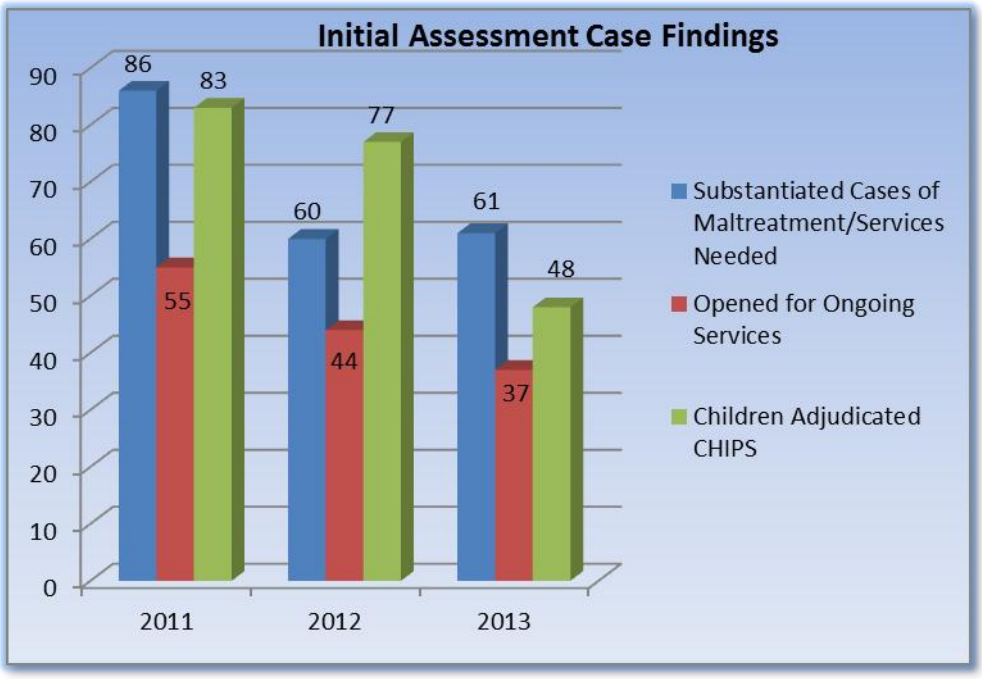
As illustrated on the graph for Screened In Child Abuse and Neglect Reports, the number of reports for investigation between 2009 and 2012 steadily increased, but declined by 20% between 2012 and 2013. Allegations of neglect continue to be the most commonly investigated type of child maltreatment.

Screened In Child Abuse and Neglect Reports	2009	2010	2011	2012	2013
Physical Abuse	76	92	100	104	81
Neglect	96	90	135	123	102
Sexual Abuse	65	55	58	59	44
Emotional	0	2	5	9	9
TOTALS	237	239	298	295	236



As noted in last year's Annual Report, there has been a significant increase in CPS cases involving alcohol and drug abuse by parents whereby their AODA use has negatively impacted their ability to care for their children and/or infants are being born drug-affected due to the mother's abuse of drugs during pregnancy. This continues to be a troublesome trend that is occurring statewide and Jefferson County has been identified as having a heroin epidemic occurring in our communities. When maltreatment of a child has occurred and/or a safety threat to a child has been identified during the Initial Assessment process, it is likely that the family will be referred for ongoing services within our Agency. Such ongoing services can be in the form of a six-month Informal Disposition Agreement in which the family agrees to receiving services on a voluntary level, or a formal CHIPS Court Order in which the family is ordered by the Juvenile Court to receive services through our Agency. A case involving a family can involve more than one child.

As illustrated on the graph below, there were 86 substantiated cases of maltreatment in 2011 with 55 of those being opened for ongoing services within our Agency and 83 children being placed on CHIPS Orders. In 2012, there were 60 substantiated cases of maltreatment with 44 of those cases being opened for ongoing services and 77 children being placed on CHIPS Orders. With the Alternative Response approach being utilized in 2013, 20 cases were identified as Services Needed in lieu of a maltreatment finding, but there were still 41 substantiated cases of maltreatment - of these 61 cases, 37 of those were referred for ongoing services within our Agency and 48 children were placed on CHIPS Orders. Therefore, based on the data, approximately 18% of the Initial Assessments conducted between 2011 and 2013 were referred for ongoing services within our Agency.



As noted on the following page, the Intake Unit is responsible for processing Juvenile Justice and Truancy Referrals. These Referrals are generated by local law enforcement and schools. As shown on the graph regarding Police Referrals for Juvenile Offenses, there were 116 more Juvenile Justice Referrals received in 2013 than in 2012, which is a 22% increase in the amount of referrals received in just one year. Processing these referrals generally includes meeting with the juvenile and his or her family at which time the referral is discussed at length, social information on the juvenile and family is gathered, case disposition is discussed, and the Juvenile Delinquency Risk Assessment is completed. The Delinquency Risk Assessment Tool aids the Intake Worker in determining the juvenile's risk to reoffend. The Juvenile Court Intake Workers then forward these cases onto the District Attorney's Office with their recommendations for how each case should be addressed.

Such recommendations can include dismissal of a case, filing of a Deferred Prosecution Agreement or Consent Decree, or filing of a Delinquency Petition which initiates formal court action. Should a juvenile be placed on a Deferred Prosecution Agreement, Consent Decree, or a formal Court Order, the case is then transitioned to the Juvenile Justice Ongoing Team. It should be noted that one referral for a juvenile can include multiple offenses if they stem from one incident, and a juvenile can be placed on more than one Order as a result of multiple referrals.

POLICE REFERRALS for JUVENILE OFFENSES

1 and 5 Year Comparisons

OFFENSES (2009-2013)	2013	2012	1 Year (2012-2013) Increase/Decrease	2013	2009	5 Years (2009-2013)
Alcohol/Tobacco	1	2	(1)	1	3	(2)
Arson	1	1	0	1	7	(6)
Battery	50	35	15	50	28	22
BurglaryRobbery	33	18	15	33	50	(17)
Burning Materials/Fireworks/Explos	1	2	(1)	1	0	1
Contempt of Court/Violation of Cou	2	0	2	2	1	1
Crimes Against Children/Other	10	7	3	10	15	(5)
Criminal Damage to Property	56	28	28	56	84	(28)
Criminal Trespass	9	12	(3)	9	11	(2)
Disorderly Conduct	175	110	65	175	141	34
Drug Related	39	54	(15)	39	51	(12)
Fleeing/Escape	0	8	(8)	0	5	(5)
Forgery	0	0	0	0	1	(1)
Intimidation/Harrassment	3	7	(4)	3	2	1
Obstructing/Resisting Arrest	14	21	(7)	14	15	(1)
OWVWOC/Other Vehicle	2	10	(8)	2	5	(3)
Receiving Stolen Property	3	0	3	3	2	1
Reckless Endangerment	1	6	(5)	1	1	0
Sex Offense	42	21	21	42	20	22
Theft	52	47	5	52	53	(1)
Truancy	33	24	9	33	30	3
Weapon Related	8	6	2	8	19	(11)
TOTALS	535	419	116	535	544	(9)

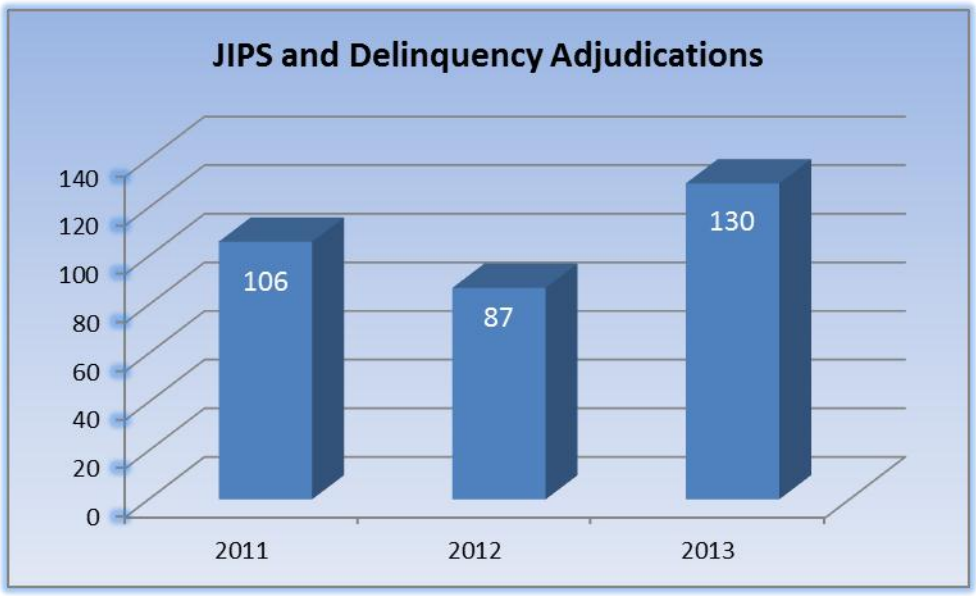
The charts below show that 58% of the total youth referred were 14 years old or younger. 15% of youth were referred four or more time, while 10% were referred six or more times. 5% were referred nine or more times, and 6 of those youth were 14 years old or younger. This reflects what case managers are seeing in their practice and also generally indicates the proportion of youth who require our most intensive services in terms of time and costs.

2013 Multiple Juvenile Referrals by Age								
Referrals	**Age <11**	**Age 11-12**	**Age 13-14**	**Age 15**	**Age 16**	**Age 17+**	**Total Juveniles Referred**	**% of Total**
1	15	15	37	20	22	1	**110**	**53%**
2-3	3	7	29	13	15	1	**68**	**32%**
4-5	0	2	4	1	3	0	**10**	**5%**
6-8	1	2	0	6	1	0	**10**	**5%**
9+	0	2	4	3	2	0	**11**	**5%**
Total Juveniles with Multiple Referrals	**19**	**28**	**74**	**43**	**43**	**2**	**209**	**100%**

2009-2013 Juvenile Intake by Age

	Age <11	Age 11-12	Age 13-14	Age 15	Age 16	Age 17+	Total Youth
2013	19	28	74	43	43	2	**209**
2012	11	33	62	39	38	4	**187**
2011	14	45	70	56	49	5	**239**
2010	13	42	61	50	57	2	**225**
2009	17	23	56	59	67	4	**226**

Furthermore, as noted below, there were 106 cases in 2011 in which a juvenile was adjudicated JIPS (Juvenile in Need of Protection or Services) or Delinquent; there were 87 cases in 2012; and there were 130 cases in 2013. It is noteworthy that between 2012 and 2013 there was a 33% increase in the amount of juveniles placed on Court Orders. The data suggests that the offenses being committed are ones that are more serious and require court intervention and/or are being committed by repeat offenders.



REVIEW OF 2013 GOALS:

1. Become proficient in the implementation of Alternative Response (AR) cases and use this approach in every CPS case that allows for this investigative approach. *This goal was accomplished. The Intake Unit is using the Alternative Response approach in every Initial Assessment that is conducted unless there are circumstances that would necessitate a Traditional Response approach. Data gathered internally indicates that 63% of the Initial Assessments completed in Jefferson County in 2013 were conducted with the Alternative Response approach.*

2. Continue to identify and utilize appropriate relatives and collateral contacts on CPS cases in order to aid in completing thorough family assessments, as well as connect families with supports and services.
    a. *This goal was accomplished. The expectation is that at least one appropriate relative/collateral will be contacted on every Initial Assessment that is conducted. The use of collateral contacts has proven to be extremely valuable on many Initial Assessments as they have confirmed, negated, and/or provided additional information, which in turn has supported case findings and certain courses of action that have needed to be taken in order to ensure child safety.*

3. Maintain proficiency in the use of Protective Plans when Present Danger Threats are identified in CPS cases and ensure that they are sufficient, feasible, and dependable. *This goal was accomplished.*
    a. *Protective Plans are used when Present Danger Threats are identified during an Initial Assessment. The IA Workers are consistently and creatively using Protective Plans. The use of Protective Plans allows for the IA Workers to gather and assess the information necessary in*

order to make further safety determinations and maltreatment findings. Because of this, the use of Protective Plans has prevented the need to place children outside of their homes in some cases. Data gathered internally indicates that Protective Plans were utilized on approximately 20% of the Initial Assessments completed in Jefferson County in 2013.

4. Continue to maintain compliance with all CPS and Juvenile Justice State and Federal Standards and timelines. *This goal was accomplished. According to DCF reporting, the Intake Unit completed 239 Initial Assessments in 2013. Our performance scorecard for completing Initial Assessments within the mandated 60 day timeline was 96%, whereas the State average was 71%. The Intake Unit's performance scorecard for successfully completing initial face-to-face contact on Initial Assessments within the screened in response time was 90%, whereas the State average was 76%.*

5. Evaluate the use of more Evidence Based Practices in Juvenile Justice and increase knowledge and practice on mental health issues and how they can relate to delinquency and truancy. *This goal was accomplished. The Juvenile Court Intake Workers are extremely responsive to juvenile referrals where mental health and AODA issues are identified. In certain cases, the workers are having juveniles undergo evaluations, such as Psychological, Neuropsych, and Psychosexual Evaluations, prior to disposition. These evaluations have assisted in identifying the appropriate treatment and service needs of juveniles that are subsequently adjudicated and placed on Court Orders. Being able to successfully identify and meet the needs of these juveniles not only supports the balanced and restorative justice approach, but can also reduce recidivism.*

6. Continue to develop and strengthen collaboration with our community partners and multi-disciplinary teams in order to support and serve our children, youth, and families in Jefferson County. *This goal was accomplished. In April 2013, a roundtable was held with community partners and stakeholders as a continuation to the Alternative Response – Community Partner Meeting that was held in the fall of 2012. The Intake Unit Staff conducted various Mandated Reporter Trainings at the request of our community partners, such as the Health Department, the Birth to Three Program, and the Jefferson County Headstart Program. In addition, the Intake Unit is part of the Child Death Review Team, the Sexual Assault Response Team, and the Domestic Violence Case Review Team, all of which aid in collaboration and support of one another and the families we serve.*

2014 GOALS:

1. Engage absent parents within the first 30 days. Absent parents have an important impact on the dynamics of the family and may play a role in ameliorating the circumstances that led to the Department's involvement with the child or juvenile. While it is best practice and a State Standard to engage absent parents when the Department is involved with a child or juvenile, a goal for 2014 will be to actively engage absent parents sooner in the life of a case. The goal will be to engage absent parents within the first 30 days of the Initial Assessment process and within 15 days of a Juvenile Referral Intake Inquiry.

2. Continue our Citizen Review Panel. Because we are in the beginning stages of developing our Citizen Review Panel, a goal for 2014 will be to confirm the Panel's members, define our Panel's goals and objectives, as well as complete the statewide improvement project.

3. Continue to maintain compliance with all CPS and Juvenile Justice State and Federal Standards and timelines.

4. Provide more outreach to schools in order to strengthen collaboration with one another. This will be accomplished through more involvement on school-related committees, as well as conducting more informational in-services to school staff and students, and specifically at the onset of the academic year.

5. Continue developing and strengthening our relationships with community partners. This will be accomplished through distribution of the newly developed Jefferson County Community Resource Guide with our community partners, as well as through informal in-services with one another in order to have a better understanding of the services and resources each other can provide.

6. Continue utilization of informal supports, as well as Orion Family Services via the In-Home Safety Services Grant or their contracted services, on cases where safety threats have been identified, thereby preventing out-of-home placements on children and juveniles.

7. Increase knowledge and application of Motivational Interviewing as evidenced through ongoing participation in the Agency wide Motivational Interviewing training initiative.

CHILDREN IN NEED OF PROTECTION AND SERVICES (CHIPS)

~Empowering families to achieve permanency for the children through collaboration and partnership with the circuit Courts, individual families, contracted & agency providers, and community resources.~

Child Abuse is a major concern and precursor to many other life problems. Child abuse reports are received from members of the public, including neighbors, relatives and friends of families where abuse or neglect is a concern or potential concern. A large number of reports are also received from schools, police departments, physicians and other service providers or professionals. Each report is handled according to the state legal requirements for child abuse investigation and child protection. Once a report is made, our Intake staff handle the investigations through the court disposition.

MISSION STATEMENT: *Innovatively creating and utilizing evidence based programs, initiatives, and practice standards as a means of achieving safe and timely permanence for the children of Jefferson County.*

Child abuse records in Wisconsin are registered and tracked in a computer based system known as WISACWIS, (Wisconsin Automated Child Welfare Information System). This system provides a very detailed computerized system for documenting and reporting child welfare referrals and providing on-going services, including out of home placements. In addition to this, due to Federal Audits of Wisconsin's Child Welfare System, there is additional training, practice and recording requirements for Wisconsin Counties. More time is now required on a per case basis to perform the necessary work and to produce the required documentation. Our workers are required to constantly make judgments that deeply affect the lives of children and their families. These decisions can include removing children from their homes in cases of severe danger, and requesting intervention of the Court. While other cases can involve no action on our part at all, both types of decisions carry potential benefits and consequences for families and for the Department. Once a dispositional finding is made, the Children in Need of Protection Services (CHIPS) team becomes involved via formal case transfer. In 2013, the CHIPS and Intake teams continued to refine the case transfer policy as a means of clearly defining worker roles, decreasing safety concerns, and following DCF standards.

The Children in Need of Protection and Services (CHIPS) Team is comprised of a supervisor, eight ongoing Case Managers and two Family Development Workers. These workers are responsible for monitoring the ongoing CHIPS orders, and forming collaborative plans with families to meet both the elements of the court order and the family's goals.

Once the case is transferred to the CHIPS Team, an ongoing Case Manager is assigned and a treatment plan for the child(ren) and parents is developed. Each case is unique with overriding factors such as poverty, domestic abuse, unmet mental health treatment needs, failure to thrive, reactive attachment disorder, chronic homelessness, criminal charges and sentences, and immigration to name a few. The CHIPS Team works closely to address these issues with internal Human Service providers such as The Workforce Development Center (WDC), Comprehensive Community Services (CCS), Community Support Program (CSP), The Aging and Disability Resource Center (ADRC), The Waiver Program (CLTS), and the Mental Health Clinic as well as Agency Medical Director, Dr. Mel Haggart. The CHIPS Team also works closely with community providers including area hospitals and clinics, People Against Domestic Abuse (PADA), local law enforcement agencies, the State Public Defenders Office, schools, and private child placing agencies (CPA).

The CHIPS Team approaches each case with goals aimed at ensuring the safety of the children involved while at the same time providing for their permanence. If the children were placed outside the home at the time of disposition, permanence options include reunification with parent(s) or guardian, Ch. 48 Subsidized Guardianship, Ch. 54 Guardianship, and Termination of Parental Rights and Adoption.
In 2013, The Jefferson County Human Services Child Protective Services Unit entered into a consortium with Green and Rock counties aimed at improving child safety through the production of Standards based Safety Planning. The IHSS (In-Home Safety Standards) consortium meets quarterly to review existing In-Home Safety Plans. This standards based, peer review process allows for a structured environment to present, review, and refine existing Safety Plans. The goal of this process is identify Safety threats and create safety control based tenets as opposed to treatment based tenets. In preparation for taking part in this consortium, all members of the Team completed either Safety Foundations or Safety Booster training.

Furthermore, the Jefferson County Human Services Child Protective Services Unit, Jefferson County District Attorney's Office as well as members of the public bar attended "Effective Legal Case Preparation" training with renowned attorney Henry Plum. This training was developed specifically to meet the needs of Jefferson County, utilizing specific legal issues relating to Jefferson County prepared in consultation with the District Attorney's office and hosted by Human Services. This comprehensive and interactive training focused on case preparation for all forms of Permanence including Guardianship, Termination of Parental Rights, and reunification. This training has dovetailed quite well with regular monthly meetings between CPS staff and the Jefferson County District Attorney's Office as well as quarterly Children's Court Judge's roundtables. A visible product of this legal collaboration has been the more timely permanence for several children. In 2013, two assigned Guardian Ad Litem appointee's successfully petitioned the Courts for the Termination of Parental Rights allowing two children to reach permanency. In addition, staff have collaborated with assigned Guardian Ad Litem appointee's to file Guardianships. Another direct result of this increased collaboration is the fact that The Jefferson County District Attorney's Office is now regularly filing Termination of Parental Rights petitions and Traditional Ch. 48 Guardianships where appropriate.

In 2013, the CHIPS team continued to take part in the Permanency Roundtable series. A Permanency Roundtable (PRT) is an intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for children. The PRT protocol invites key players such as State Permanency Consultants, Policy Experts, External Consultants, trained Facilitators, Case Managers, and the team Supervisor to take part in a formalized, prescribed case consultation process. The process is initiated by a formal case presentation by the assigned case manager. The team is then allowed to ask questions of the case manager and supervisor as a means of clarification. This is followed by a brainstorming session whereby

any and all ideas are welcomed. The case manager is then allowed to choose new avenues to explore in terms of achieving permanency for the cases being reviewed. Finally, the permanency outcomes for all of the children are rated on a continuum from poor, uncertain, fair, good, very good to permanency achieved. In 2013, the Team hosted Permanency Roundtables on April 3rd, May 23rd, June 5th, August 16th, October 4th, and November 15th. A total of 26 children across 11 families were screened through this process in 2013. As a result, three children achieved outright permanency via reunification with a parent. Another three children had their status improve to a point where they will no longer be screened using the PRT process. Another ten children had their status remain stable or improve throughout the course of the year. The remaining ten children screened did not achieve an improved status and their cases will be subject to the PRT process throughout 2014 until their status improves to a "Good" standing or until they are subject to reunification, guardianship, or termination of parental rights.

In May of 2013, the Jefferson County Human Services Child Protective Services Unit was subject to Department of Children and Families Quality Service Review (QSR). Members of the Continuous Quality Improvement section (CQI) visited Jefferson County for one week in May to review eleven cases currently being managed by the Ongoing Case Management Team. Wisconsin's Continuous Quality Improvement (CQI) section, in partnership with tribal and county child welfare systems, provides a quality service review process that assists agencies to understand how their practice is working to ensure child safety, permanence and well-being. The QSR protocol is closely aligned with the Wisconsin Practice Model which defines how the Wisconsin Public Child Welfare System engages children, youth, families and the community in developing and delivering needed services that meet the unique needs of those serviced by child welfare and private agencies. The goal of the QSR process is to enhance Social Work practice, inform policy, and determine needed changes to training and technical support.

For one week in May, four experienced case reviewers and technical support staff came to Jefferson County having already reviewed eWisacwis documentation related to each of the eleven cases selected for review. Case reviewers scheduled meetings with agency staff including the Director, Division Managers, Supervisors, and Case Managers. These meetings were followed by on-site interviews with external focus groups including foster parents, relative caregivers, law enforcement, school personnel, contracted safety service providers, the legal community, and mental health service providers. The external focus groups were followed by internal service providers including non CPS management, intake staff, after hours staff, family development workers and county foster parents.

These interviews and focus group protocols were designed to extract data and information related to the Safety, Permanence, and Well-Being of the children subject to CHIPS (Children in Need of Protection or Services) in Jefferson County. The overall findings for Jefferson County were quite positive. Overall case practice was rated from 1 (needs improvement) to 6 (maintain). A score of 4 or above is considered satisfactory. All cases reviewed or 100% of all cases reviewed scored a 4 or above which is significantly higher than the statewide average of 82% being rated as satisfactory. Our average score for overall case practice was 4.27.

Case reviewers cited several areas of strength for the Team including overall child Safety. Case reviewers noted that Case Managers meet regularly providers, parents and children and the county rated 92% for overall Safety assessment and 100% acceptable for overall Safety Management. Case reviewers further noted overall support of Safety through the use of respites, drop-in visits, contracted Safety Service Providers, and supervised family interactions. In the area of Permanency, case reviewers noted progress to Permanency for older youth as 80% positive. Older youth in care were found to have a strong voice in their planning in addition to strong development in the area of independent living skills. Most were found to have a strong connection to forever families and two children had plans to attend college. Case reviewers noted several times our ability to identify and work with family providers. In the area of well-being, case reviewers noted a

marked increase from the last QSR in terms of engagement with mothers and fathers. Focus Groups highlighted several strengths including court preparation, caseload knowledge, and one group stated that Jefferson County has "many creative minds". Also highlighted in several focus groups was the strength of both internal and external collaboration efforts including Superstaffings, Mental Health Grand Rounds, Judges Roundtables, and strong relationships with schools.

Areas of challenge for Jefferson County noted by case reviewers included struggles in the area of Team Formation. Case reviewers suggested a Family Teaming training for staff as a means of having family members included more often in care planning. Another challenge noted by case reviewers was progress towards reunification on five of the eleven cases reviewed. Case reviewers cited a high rate of parental incarceration on all five cases as well as a back log of TPR cases. Focus Groups cited challenges and concerns regarding resources in the county including:

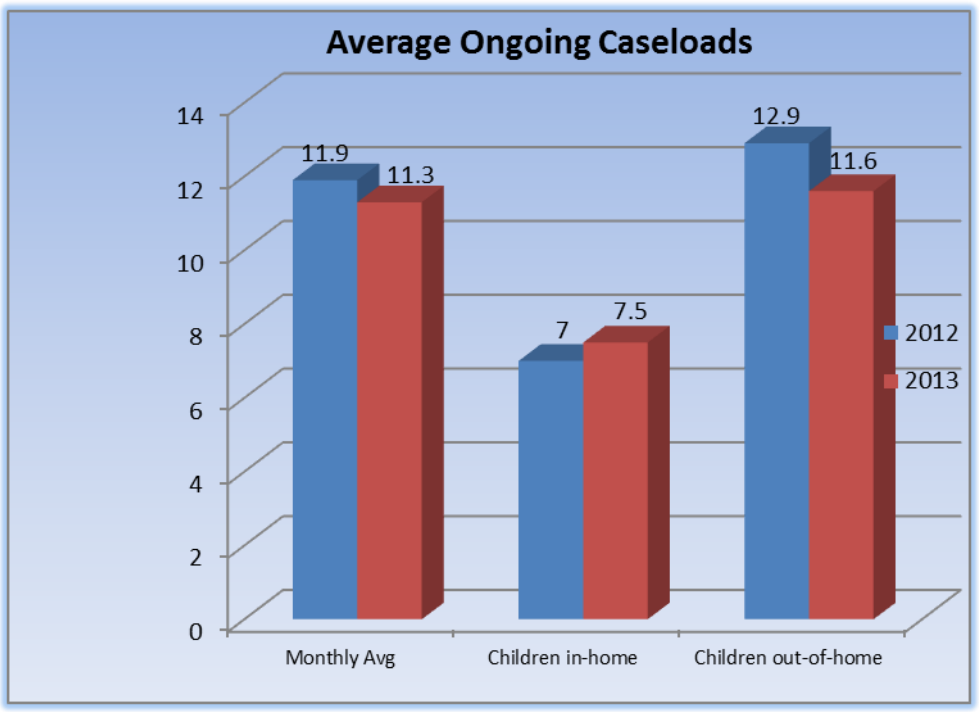
- Foster Homes for more challenging children
- Advanced training for long time CPS workers
- Timely psychiatric assessments
- In-home therapy services
- Services to address the influx of heroin into the county
- Transportation services
- Services for the rising homeless population
- Domestic violence shelter

Overall, the outcome of the QSR was an endorsement of our practices. We intend to enhance areas of strength in our practice and address our areas of challenge through training and increased collaboration with internal and external service providers. These intentions are part of our goals for 2014.

In 2013, the CHIPS team continued to utilize the Subsidized Guardianship program as highlighted in 2011 Wisconsin Act 181: Best Outcomes for Children. The implementation of the Subsidized Guardianship program is now more clearly defined in the Ongoing Standards and in 2013 the CHIPS team successfully petitioned the Jefferson County Circuit Courts on behalf of two more children.

The Child Protective Services Team as a whole has experienced a marked increase in the last year of cases where one or both parents/caretakers abuse opiates or Heroin. In July of 2013, the Team was queried for numbers regarding this epidemic as part of the formation of an internal Heroin Workgroup and the results were astonishing. In July of 2013, 37 of 93 or 39.8% of all open cases had an element of opiate or heroin or opiate abuse meaning the parents/caretakers were either using heroin or opiates at the time of the case being screened in or that the parents/caretakers had a significant history of abuse. This larger societal issue has directly contributed to out of home placements, decreased child safety, and it has led to important agency and county wide response. The team has experienced an increased sense of collaboration with our own internal service providers including Emergency Mental Health (EMH), The Jefferson County Human Services Mental Health Clinic, agency psychiatrist and licensed addictionologist Dr. Mel Haggart as a means of addressing this issue.

In 2013, when fully staffed, the eight ongoing Case Managers carried an average of 11.3 cases or about .6 less cases per worker than in 2012. The average caseload for the year included responsibility for an average of 7.5 children placed in home which is up slightly from 2012 and can be viewed as a very positive trend. This increase is due to the increased use of trial reunifications and it means we are placing children in the home on a more frequent basis. Ongoing Case Managers closed the year averaging 11.6 children placed outside the home which is down 1.3 children from 2012. This is a significant reduction directly attributable to enhanced Safety Planning.



As we look forward to 2014, the Child Protective Services Team looks forward to enhanced Safety Planning through the continued use of IHSS consortium case reviews, contracted safety service providers, and continued use of the Safety threshold criteria. These practices will allow us to prevent out-of-home placements, better assess Safety at the time of reunification, and better plan for Safety throughout the life of the case. Another asset to address child Safety in the home will be our exciting opportunity to work with DCF on the PS (Post Reunification Services) Grant. Jefferson County was awarded a grant to provide a wide range of services to families once a child is returned home. Qualifying cases will be awarded monies for services including but not limited to in-home therapy services, specialized treatment for addictions, after hours safety monitoring, rental assistance, transportation, education, and respite.

Another exciting outlook for 2014 is our permanency tracking. We have as many as 22 children slated for one form of permanency in the first six months of 2014. These forms of permanency include petitions for long standing TPR cases, traditional Guardianships on cases with special circumstances, Subsidized Guardianships on cases where parents are subject to long term incarceration, trial reunification with parents, and straight reunification for qualifying PS Grant cases. These developments will allow the unit to help cases reach a safe case closure in a timelier manner and provide more time and energy to newly developing cases.

REVIEW OF 2013 GOALS:

1. Continue to use the Permanency Roundtable model as a tool to help the children of Jefferson County achieve permanency. Host three rounds of Permanency Roundtable consultations introducing six new cases. This can be measured through eWiSACWIS case tab query. *This goal has been accomplished. The Team hosted Permanency Roundtables on April 3rd, May 23rd, June 5th, August 16th, October 4th, and November 15th. A total of 26 children across 11 families were screened through this process in 2013. As a result, three children*

achieved outright permanency via reunification with a parent. Another three children had their status improve to a point where they will no longer be screened using the PRT process. Another ten children had their status remain stable or improve throughout the course of the year. The remaining ten children screened did not achieve an improved status and their cases will be subject to the PRT process throughout 2014 or until their status improves to a "Good" standing or until they are subject to reunification, guardianship, or termination of parental rights.

2. Increase CHIPS team and worker support by having each worker complete a secondary trauma training. This can be measured via certificate of completion. *This goal has been accomplished. Each member of the CHIPS team completed a secondary trauma training in 2013.*

3. Enhance the use of In-Home Safety Planning in collaboration with The Southern Partnership, DCF Standards, and Orion Safety Services. Achievement of this goal will directly decrease out of home placements. This goal can be measured through certificate of course completion, transfer of learning, coaching, and mentoring during regular case staffing's. *This goal has been accomplished. At the time of publication of this record, all members of the ongoing case management team have completed Safety Foundation training through The Southern Partnership. Several members of the team have completed Safety Booster as well. All members of the team have completed Ongoing Case Planning/ Confirming Safe Environments through the Southern Partnership. The ongoing team, as part of the IHSS grant, also regularly present cases for critique as part of quarterly transfer of learning exercises with our consortium which includes staff from Rock and Green Counties. The use of The Ongoing Safety Standards is a regular part of internal staffing's, case transfers from intake, supervision, change of placement considerations, relative and foster care placement considerations, and at any time there is cause for concern about the safety of a child throughout the life of a case.*

4. In conjunction with the Ongoing Standards release by DCF in November of 2012, produce job aids and placards in order to assure compliance with the standards in the areas of Confirming Safe Environments (CSE's), documentation of home visits, and the production of Permanency Plans. This goal can be measured during supervisor consultation, coaching, and mentoring. *This goal was partially accomplished in conjunction with the Ongoing Standards/ CSE training as provided by the Southern Partnership. The CPS Ongoing Supervisor attended the pilot training for the standards at which time placards and desk aids were suggested. All staff completing the Standards training were provided with case timeline placards marking timelines for Permanency Plans, Safety Assessments, Administrative and Judicial Hearings, Family Interaction Plans, Case Transfer Staffing's, and Case Closure. The team is in the process of producing placards for home visit documentation.*

5. Complete a two part series of Effective Legal Case Preparation with special prosecutor Henry Plum. This goal can be measured via certificate of completion and through worker/ supervisor consultation. *This goal has been accomplished. The ongoing case management team, along with members of the Jefferson County District Attorney's Office, and Jefferson County Bar Association, attended a two part training with Attorney Henry Plum. This training has directly resulted in the timely filing of Termination of Parental Rights petitions by members of the bar as well as the District Attorney's Office. Other direct results of the training include more effective concurrent planning, the use of traditional Ch. 48 Guardianships, more effective dispositional recommendations, and more timely permanency on a variety of cases using all legal forms of permanency including trial reunification, all forms of Guardianship, and Termination of Parental Rights.*

6. Increase Out-of-Home monthly case worker contact compliance to 95%. This goal can be measured via eWiSACWIS summary reports. *This goal was accomplished. The ongoing case management supervisor tracks out of home face to face contacts via WISACWIS on demand reports. The Team ended the year completing over 95 % of all required contacts over the course of the year.*

7. Screen every out-of-home case for concurrent planning at the six and twelve month mark or prior to any agency or judicial review. This can be measured through staffing documentation. *This goal was accomplished. The ongoing case management team addressed this goal in several manners throughout the course of 2013. First, the Ongoing Standards provide direction and screening tools for use on all cases at the time of permanency plan production. Second, all out of home cases are subject to full disclosure meetings with parent(s) at which time concurrent planning is thoroughly discussed. Third, the team makes a very conscious effort to propose concurrent goals on cases prior to the production of every permanency plan. These goals are almost always discussed with the assigned district attorney and assigned guardian ad litem prior to permanency plan production.*

2014 MISSION STATEMENT AND GOALS:

TEAM MISSION STATEMENT: Innovatively creating and utilizing evidence based programs, initiatives, and practice standards as a means of achieving safe and timely permanence for the children of Jefferson County.

1. In accordance with the 2013 QSR Review, that all members of the CHIPS ongoing case management team complete a Family Teaming training in conjunction with the Southern Partnership. This goal can be measured via certificate of course completion and through regularly scheduled Family Teaming meetings on cases.

2. As part of our ongoing commitment to the Permanency Roundtable model, that all children placed outside the home for a period of time of greater than 15 months without an OPPLA designation be subject to a Permanency Roundtable consultation. This goal can be measured through SACWIS case query.

3. As part of our continued effort to implement proper in-home Safety Plans, continue to collaborate with the IHSS (In-Home Safety Services) consortium on a regular quarterly basis with case presentations delivered at each consortium meeting. Have every agency created Safety Plan be subject to peer review. This goal can be measured via attendance at consortium meetings and through routine supervision and Safety Plan approval in SACWIS.

4. As part of our continuing effort to take part in State DCF pilot projects, collaborate with State of Wisconsin DCF officials to qualify four children for the PS (Post Reunification) program. This goal can be measured via SACWIS query.

5. As a means of enhancing team competence and engagement skills, all members of the CHIPS ongoing case management team will attend and complete an advanced Motivational Interviewing (MI) training. This goal can be measured via certificate of completion and ongoing participation in the agency wide initiative.

6. As part of our efforts to adhere to the Ongoing Case Management Standards and Permanency Roundtable guidelines, complete a full disclosure meeting with parents/caretakers not more than 60 days post disposition on all new cases. This can be measured via SACWIS case note query.

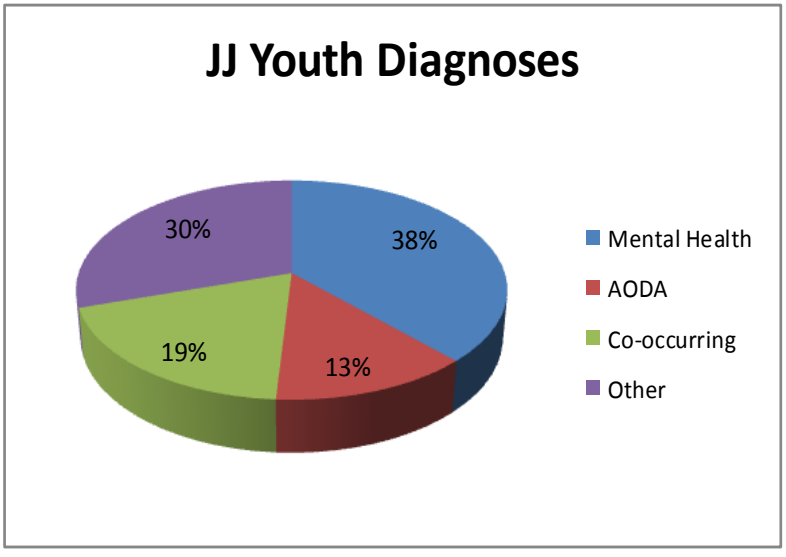
7. As part of our continuing efforts to enhance performance in circuit court, have every member of the CHIPS ongoing case management team complete a court preparation and testimony training in conjunction with the Southern Partnership. This can be measured via certificate of completion and feedback during District attorney and Judge's roundtable meetings.

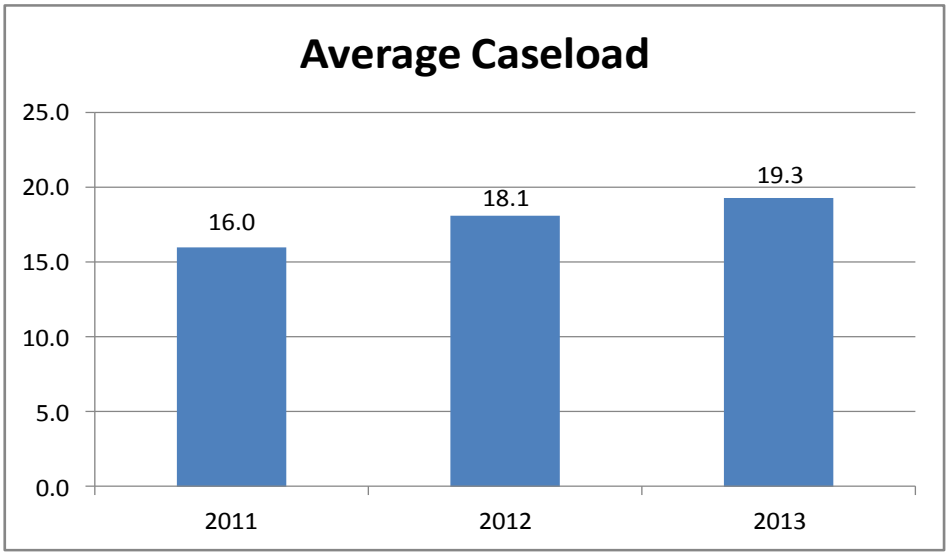
JUVENILE JUSTICE INTEGRATED SERVICES

~Understanding that our youth come to us with deep hurts, and looking at both the strengths and needs that each one of our kids has, hoping that they will feel encouraged and supported to achieve success~

The Juvenile Justice Integrated Services Team provides ongoing case management for youth on Juvenile Delinquency, Juvenile in Need of Protection or Services (JIPS), Consent Decrees, Chapter 51 Orders, Deferred Prosecution Agreements and voluntary cases. The Juvenile Justice Team recognizes the dignity of each and every youth. Being at the forefront of the statewide trend to go away from the punitive, "mini adult" probation model, we offer trauma informed care, goal driven targeted case management, are treatment focused and work with youth and their families to develop natural strengths and supports to enhance the positive, pro-social qualities of our youth. Our team strives to meet the unique needs of youth while assuring a safer society. We identify risk factors early on, including lack of education, learning disabilities, developmental disabilities, mental illness, emotional/behavioral disabilities, poverty, domestic violence, and all forms of abuse and neglect, to be effective in preventing juvenile delinquency and future criminal behavior. We understand the importance of working with youth, their families, and their support systems to enhance and encourage success. The Juvenile Justice team is comprised of the Division Manager, Juvenile Justice Supervisor, five Case Managers and two Intensive Supervision Workers.

The youth served by the Jefferson County Juvenile Justice Team come with multiple strengths and needs. According to information obtained on the Federal Substance Abuse Mental Health Services (SAMHSA) website, "studies have found that 60-70 percent of youth in the juvenile justice system met criteria for a mental disorder; over 60 percent of these youth also met criteria for a substance use disorder. Of those youth with mental and substance disorders, almost 30 percent experienced disorders so severe that their ability to function was highly impaired." Many of the youth that are in the juvenile justice system of Jefferson County have been diagnosed with mental health disorders. Several carry trauma with them, which can lead to emotion dysregulation, alcohol and/or drug use, poor impulse control, poor social skills and antisocial behaviors. In review of 2013, in addition to the total numbers of referrals increasing by 22 percent from the previous year, the number of youth with diagnosed mental health disorders, youth with alcohol and/or drug issues and youth who experienced co-occurring mental health and AODA concerns was notable. In short, this means that the Juvenile Justice Case Managers are experiencing higher caseloads and with more complex youth. These points are reflected in the chart below and on the following page.



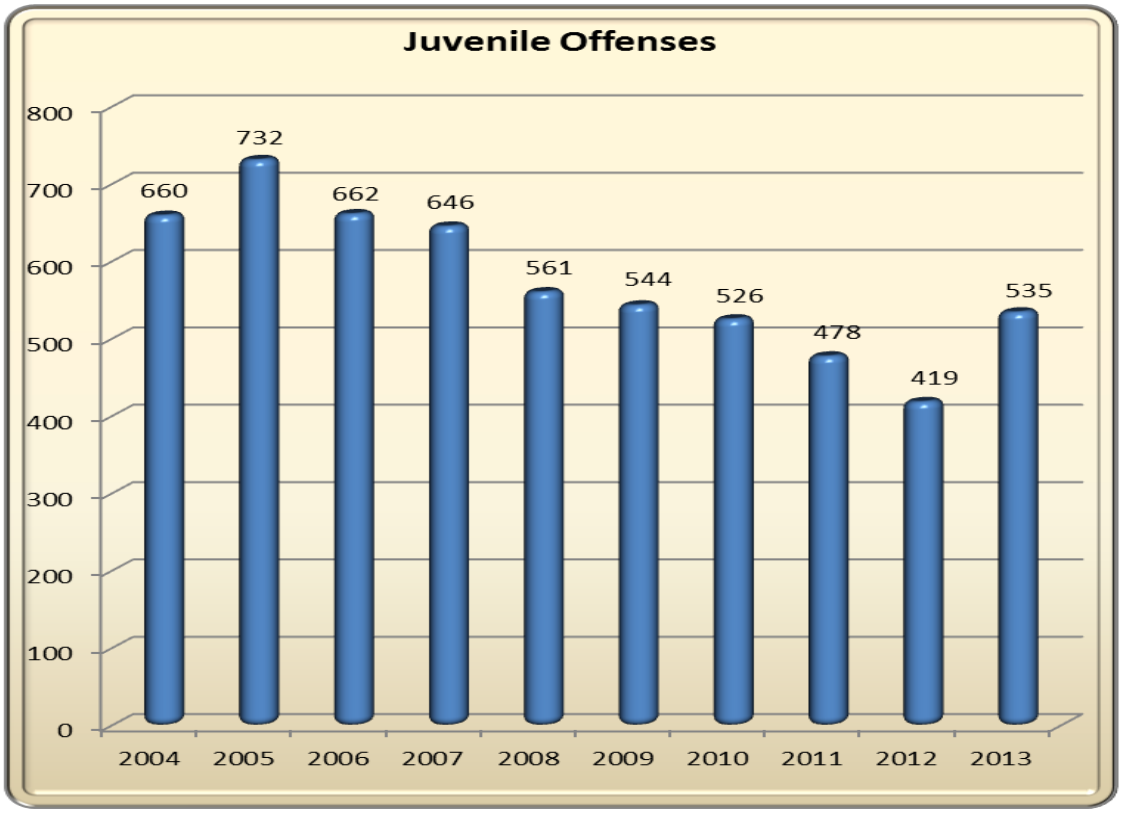


The graph to the right and on the next page reflect that the total number of juvenile offenses rose by 27.6 percent in 2013. Specifically, the number of batteries committed by juveniles in Jefferson County rose by 43 percent, weapon related crimes by 33 percent, burglaries by 83 percent, and sex offenses doubled in 2013. Overall, the number of "crimes of greatest concern" increased in seven out of nine categories. Drug related crimes actually decreased by 35 percent, possibly indicating that our efforts to increase services in this area have been beneficial to youth and the community as a whole.

JUVENILE CRIMES OF GREATEST CONCERN 2009-2013

OFFENSES	2009	2010	2011	2012	2013
Arson	7	0	0	1	1
Battery	28	33	31	35	50
Burglary	50	35	43	18	33
Crimes Against Children/Other	15	24	12	7	10
Drug Related	51	55	44	54	39
OMVWOC/Other Vehicle	5	15	5	10	2
Sex Offense	20	44	42	21	42
Truancy	30	37	31	24	33
Weapon Related	19	4	12	6	8
TOTALS	**225**	**247**	**220**	**176**	**218**

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
660	732	662	646	561	544	526	478	419	535



NEW RESOURCES

The Juvenile Justice team saw an increase in juveniles placed on supervision in 2013. Many of these youth came with unique and significant challenges, specifically the portion of these youth who struggle with mental health diagnoses, Alcohol and Drug Abuse (AODA) or both. These problems have typically been perplexing for parents, school professionals and case managers to address, as outside resources can be limited in smaller communities. In addition to the general lack of specialized providers, many of the youth we identified with these needs had barriers that prevented them from obtaining the proper services. Many clients were uninsured or underinsured, and in some cases our clients had extremely high deductibles and/or co-pays. Additionally, some who did not have a favorable experience in a traditional therapy environment were asked by the provider not to return. With the support of our Director and Division Manager, our team carefully sought out, identified and created contracts with two highly qualified providers. These contracted providers now offer counseling services that address AODA and/or mental health concerns right here at Jefferson County Human Services. These contracts have filled a large service gap and have been invaluable to the youth who utilize this programming. In 2013, 11 individuals have participated in the services of Resonating Change, and 11 individuals have participated in the services of Connections Counseling.

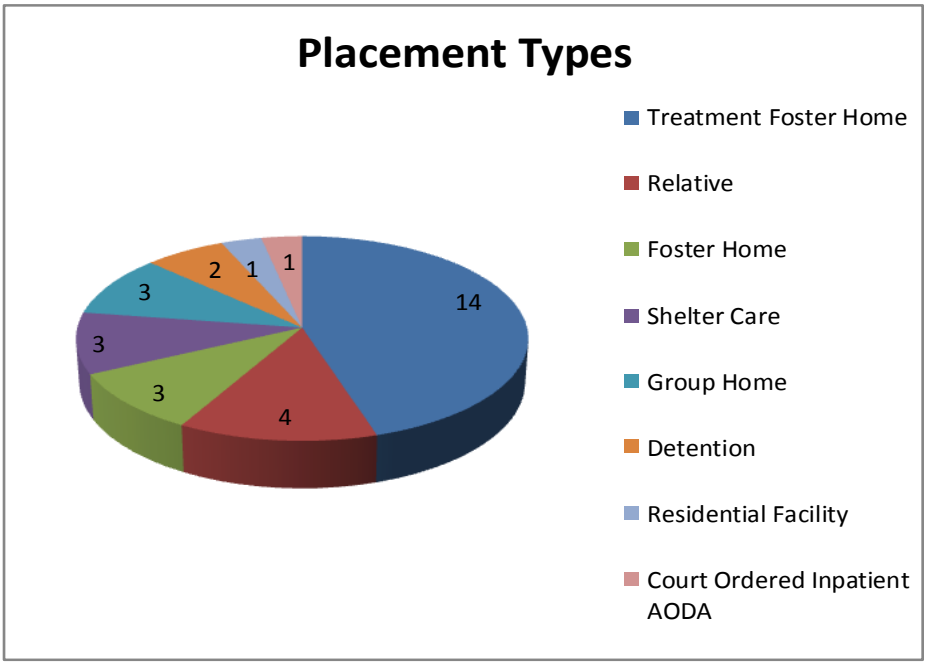
The Juvenile Justice Team also responded to the increase of complex juveniles placed on supervision by contracting with Lutheran Social Services and Walworth County Human Services to provide Functional Family Therapy (FFT) for families. According to the website fftinc.com, FFT is a short-term, high quality intervention program with an average of 12 sessions over a 3-4 month period. FFT is a strength-based model. The intervention program itself consists of five major components in addition to pretreatment activities: Engagement in change; Motivation to change; Relational/Interpersonal Assessment and planning for Behavior

change; Behavior Change; and Generalization across behavioral domains and multiple systems. This approach focuses on strengthening relationships in the family by opening up communication and reframing negative behaviors by putting them within a positive relational context. FFT is an evidenced based program shown to be effective for prevention and treatment of youth ages 11-17. The verbal feedback received from families about FFT is very favorable, and it has been instrumental in healing some families on the verge of breaking apart through an out of home placement. In 2013, 14 families have benefited from this new contract offering FFT.

Lastly, the juvenile justice team was able to utilize some additional services that had not been available in years previous. Orion in-home services were implemented in a number of juvenile justice families to offer additional supervision and monitoring services outside of work hours to include, crisis intervention, parenting support and even homework assistance for youth struggling with school and truancy issues.

It is estimated that the services mentioned above, in conjunction with solid case management, have helped to maintain the in-home placements of 31 juveniles during 2013 and the first quarter of 2014. In addition to our philosophy to keep families together, out of home placements are costly and we are confident that these contracts and services have had positive cost saving measures for the county.

When placements are necessary to address community safety and treatment for the juvenile, our team strives to keep our youth in the least restrictive environment, preferably a family setting. In 2013, 68 percent of our total out of home placements were in family settings. The total number of juveniles placed by the Juvenile Justice Team in 2013 was 14. The following chart reflects the total placements, and it is noted that some of these youth experienced multiple placements as they stepped down from a more restrictive placement. Our team also strives to address the needs of our juveniles while protecting the community in the least restrictive placement setting to minimize and prevent further trauma. At times, this takes a great deal of planning and coordinating additional services to support placement providers in accommodating the needs of these youth. Our efforts were successful in 2013, as we had no correctional placements.



In addition to the creation of new resources, we continue to offer in-house services as well, such as Aggression Replacement Training groups for juveniles who need to learn additional anger management tools, Prime for Life AODA education classes and Juvenile Cognitive Intervention Program; all evidenced based models. We remain focused on reducing and preventing placements of our youth (i.e. secure custody and respites) while also ensuring the safety of our community, and these interventions help us to make that possible.

The Intensive Supervision Program continues to strategize and find ways to build on youth's strengths, help them to make better choices, and prevent respites/detentions when possible. ISP workers meet with juveniles and families on a daily basis and are instrumental in helping families develop effective crisis management plans and communication. In 2013, 26 youth were served in ISP and out of those, 81 percent remained in the home. One youth was placed in foster care, one youth was placed in a group home, one youth was removed from the home and placed in a treatment facility, one youth was placed with a relative and no youth were placed in a juvenile correctional facility. Furthermore, 11 youth participated in outpatient therapy, all 26 youth participated in an academic program, two youth obtained employment and $394.47 in restitution was paid.

TARGETED CASE MANAGEMENT

The Juvenile Justice Team has been providing targeted case management, both as a billing source and for overall best practice, for approximately three years. Targeted case management includes a comprehensive assessment of the juvenile and his/her family. During the assessment, the case manager looks at several different life domains, including trauma, life satisfaction, strengths, mental health, family functioning and others. A goal driven case plan is created with the youth and family to determine what the case manager will assist with and what services need to be put in place. The plan is reviewed regularly with the youth and family, and a new plan with new goals is completed every six months. In addition to the treatment benefits of this practice model, the Juvenile Justice Team was able to recoup $26,495.10 in 2013.

REVIEW OF 2013 GOALS:

1. To better meet the unmet needs of youth and decrease the number of out of home placements, our team will create and increase the treatment resources for juveniles with alcohol and drug issues and sexual offending behaviors by partnering and contracting with targeted providers who will deliver individual and group services to youth in this county. This goal was accomplished. *The Jefferson County Juvenile Justice Team made great strides in this area in 2013. The team created contracts with two separate AODA clinicians who now provide this valuable and much needed service to Juvenile Justice Youth who are uninsured, underinsured or have run out of provider resources in the area. Furthermore, Jefferson County has also partnered with Lutheran Social Services and Walworth County to provide Juvenile Justice Families with Functional Family Therapy, an evidenced based, in-home family therapy program that is targeted to improve the outcomes of children who have been involved in the juvenile criminal system. Our team also utilized newly contracted "Orion Family Services" to provide in-home services to fill in gaps where families needed help most. Orion helped some of our families with ensuring proper supervision was occurring in the home, assisted parents with medication and homework struggles and helping parents and juveniles to utilize crisis plans accurately. This type of service can be the key to keeping families together.*

2. To carry on the value of providing services supported by research, we will continue to provide evidence-based service delivery, including, but not limited to, Motivational Interviewing, Juvenile Cognitive Intervention Program, Aggression Replacement Training, Incredible Years, PRIME for Life, Wellness Recovery Action Planning (WRAP) for youth who battle mental illness, and Seeking Safety groups through

an interagency partnership with the Comprehensive Community Services program. This goal was accomplished. *The Juvenile Justice Team provided two 7-week Aggression Replacement Training groups, two 6-week Prime for Life groups and one 13 week Juvenile Cognitive Intervention Program in 2013. These groups were run by our very own case managers and team supervisor who have been trained to teach these curriculums. Juvenile Justice Team members also referred appropriate families to the Incredible Years Parenting class and several juveniles to either the Comprehensive Community Services Program or Community Support Program. The team continues to use Motivational Interviewing when working with Juveniles and their families and is committed to strengthening their skills through additional training in 2014.*

3. To strengthen the communication with community partners and provide more effective crisis planning to our youth and families, our team will establish regular meetings with local police departments to discuss pertinent issues and brainstorm workable plans to best address juveniles with specialized needs. This goal was accomplished. *Human Services Director Kathi Cauley and Children's Division Manager, Brent Ruehlow met several times in 2013 with this population of stakeholders to address these, along with other global issues. In addition, ongoing Juvenile Justice case managers, ISP workers and the team supervisor all spoke individually with various police officers in the county in 2013, discussing both individual and global issues pertaining to juveniles under court ordered supervision.*

4. October is National Youth/Juvenile Justice Awareness month. To increase awareness and provide education to community members about juvenile justice prevention, our team will provide additional activities and educational forums in various Jefferson County communities. This goal was partially accomplished. *2013 was a year of idea sharing and preliminary planning for growing awareness and sponsoring activities for Juvenile Justice Awareness Month. The team would like to take this to the next level within the next two to three years and will continue to keep this goal in our sights. Though no specific actions were taken on awareness activities for Juvenile Justice Awareness Month, the team did partner with the Child Protection Services Team to assist with Child Abuse Prevention Month Activities.*

5. Many of the youth who are served by the Juvenile Justice team lack opportunities for positive social activities for a number of different reasons. Increasing these opportunities is often noted as an unmet need by the juvenile and parents and is then included in the case plan. To provide opportunities to meet these goals, our team will continue to offer group activities that help children in the areas of self- esteem, social skill building, positive peer interaction and socialization without crime or negative influences. Some of the more popular past activities were spa day, craft and art activities and a trip to the Milwaukee Zoo to kick off a WRAP group. This goal was accomplished. *The Juvenile Justice Team met this goal in 2013 by altering its Intensive Supervision Program to include more community outreach. Community Outreach Workers meet with identified youth each week, working specifically on helping them build skills in the areas of socialization, self-esteem, community service, coping mechanisms and crisis management. In addition, the team offered a zoo trip in 2013 as well.*

6. In an effort to increase the availability of incentive money for the youth activity fund, the Juvenile Justice Integrated Services Team will create a fundraising committee to explore additional means of funding sources, such as local, state and federal grant opportunities, seeking donations from local businesses, and fundraising. This goal was not accomplished. *Due to the team's heavy focus on and time allotment to building and growing our AODA and family based services, this goal will need to be continued in 2014.*

7. The Juvenile Justice Integrated Services Team values the preservation of families and works very hard to provide effective services that will protect the community while allowing juveniles to stay in their homes or with their families. When juveniles do require an out of home placement, our team and the Department as a whole, strives to find permanency for these youth. Though it does not happen often, parents or relatives do not appear to be an option for permanency, and kids can get "stuck." To maximize and exhaust all possibilities for permanency options, our team will begin the process for getting trained in and eventually will conduct Permanency Round Tables (PRT's). This has been invaluable to the Child Protective Services team and we believe it is a good direction for us to go as well. This goal was partially accomplished. *All ongoing Juvenile Justice Case Managers have now been trained in the process of Permanency Roundtables. The team has recently identified two possible candidates to present. To further prepare for presenting appropriate juveniles at a roundtable, workers will shadow a roundtable in action and present cases at our very own "Permanency Snapshot" meetings, an abbreviated version of the Permanency Roundtables.*

2014 GOALS:

This year, the Juvenile Justice Integrated Services Team will focus efforts on enhancing our skills, creating awareness about the strengths and needs of the juveniles at risk population and providing outreach and education to community partners.

1. To carry on the value of providing services supported by research, we will continue to provide evidence-based service delivery, including, but not limited to, Motivational Interviewing, Juvenile Cognitive Intervention Program (JCIP), Aggression Replacement Training (ART), Incredible Years, PRIME for Life and Wellness Recovery Action Planning (WRAP) for youth who battle mental illness. This will be evidenced in 2014 by our team offering four ART groups, two JCIP groups, two Prime for Life groups, and a minimum of one WRAP group. Additionally, staff members who have not been trained in Incredible Years curriculum will participate in this if it is brought to the agency.

2. To enhance our knowledge, skills and practice in the areas that are most pertinent to our juveniles and families, all members of the Juvenile Justice Team will participate in advanced Motivational Interviewing training. Additionally, staff members who were not previously trained in Incredible Years Parenting curriculum will complete this if offered through the agency. Lastly, the team will increase their expertise in the area of juveniles who exhibit risky behaviors by seeking out and attending a training that includes information on the harm reduction model.

3. Maintain fiscal, TCM billing and JCHSD policy regarding timely documentation by carefully checking the format when entering progress notes, making sure entries are made within the time limits, and correcting necessary case notes within 24-business hours.

4. To increase community awareness regarding the need for positive roles models and Jefferson County foster parents for at risk youth, the Juvenile Justice team will collaborate with the Independent Living and Alternate Care teams and utilize our youth in foster care to plan an event that helps promote this need.

5. To continue our goal of increasing community awareness of the needs of at risk juveniles, build additional community partners, network and learn about additional resources, the team will provide an additional representative to participate in "Jefferson County Connections."

6. To increase communication with key community partners, such as school districts and police departments, the team will reach out to those entities to offer presentations that include information about the juvenile justice process, role clarification and services offered through the program.

RESTORATIVE JUSTICE PROGRAMS

~Ensuring that youth are positively restored to their communities~

Opportunities Inc. contracts with Jefferson County Human Services to provide Restorative Justice Program options to youth who have offended to ensure they are positively restored to their communities.

Teen Court
Teen Court is a community based program for first time and minor repeat offenders. It offers eligible youth an opportunity to receive a meaningful sentence from a jury of their peers in lieu of appearing in circuit court and paying their citation. Youth who successfully complete the program will have the charge dismissed from their record.

The Jefferson County Teen Court program was established in 1998. In 2013, there were 18 Teen Court participants. Completion statistics are as follows:

	Participants	Percentage
Successful Completion	12	66
Active in the Process	3	17
Unsuccessful Completion	3	17
Chose to Withdraw	0	0

Participants are required to serve on the peers jury for other participants. The jury determines the sentence which may include options such as apology letters, community service, and restitution and various projects or activities. Participant feedback from the Teen Court experience included the following comments.

- "It gave me an understanding of how things might happen in the real world"
- "Teen Court helped me learn my lesson"
- "While completing community service, I learned that others greatly appreciate your help"
- "Teen Court was pretty fun. I liked to be part of the jury"

Referral sources for this program include Jefferson County Human Services, Police Departments and Municipal Courts.

Cost-benefit analysis reports completed in the past have concluded that the Teen Court Program affords Jefferson County not only financial savings but also great rewards while participating in restorative justice processes. It is also noteworthy to mention that no referrals were made for a repeat offense in 2013.

Service to Community
While performing Service to Community, juveniles are being held accountable for their actions while restoring the community in a positive manner. Staff assist youth in planning for and facilitating options to reach their

commitment to community service through both supervised site options and activities completed independently.

The Restorative Justice Program of Jefferson County has been providing service to community supervision to youth since 1997. In 2013, the Restorative Justice Team worked with 113 community service participants. During the year, 54 completed their order with 82% successfully fulfilling expectations by completing their service to community plan.

The Restorative Justice Team takes creative and individualized approach when planning with participants of service to community program, to increase the probability of follow-through. The Restorative Justice Program offered 6 weekly supervised community service sites and 12 community service events throughout the year at a variety of locations across the county. Additionally, Restorative Justice Staff provided assistance in locating and obtaining individualized service to community opportunities for participants.

Some of the opportunities included doing recreational activities with the residents of assisted living facilities, cleaning, or setting-up activities for community organizations like the YMCA of Watertown, Bread and Roses, and Head Start. Community events included the Fort Atkinson half marathon, the Literacy Council's Mad Pretzel Challenge, Fort Atkinson's Share and Care Fair and the Ready Kids to School program. With the array of options for participants to choose from, 1625 service to community hours were performed.

Youth participants gained a valuable experience and expressed their feelings of completing service to community with comments such as:

- "This is fun… but not too fun."
- "If I could do this all the time I would"
- "I like that I am doing something good for the Community."
- "I like coming here and I think it is really fun"
- "It's not too bad and I like that I am doing something nice"

2013 OUTCOME GOALS:

- 85% of all Community Service cases closed in 2013 will successfully complete their community service order.
    - Outcome: 82%

- Opportunities, Inc. will develop four additional community service events in 2013.
    - Outcome: 12

Restitution

The Restitution Program facilitates planning and implementation with youth to help ensure victims are compensated for monetary damage.

The restitution monitoring component of the Restorative Justice Program has been in place since 1996. In 2013, the Restorative Justice Team assisted 38 participants in meeting their restitution obligations. Twenty six (68%) of the 38 participants of the Restitution program were categorized as ineligible for work, meaning they are 15 years of age or younger. Of those 26 participants, 10 made an initial payment towards meeting their obligations, with some cases still active. Of the twelve referrals eligible to work, 6 completed services in 2013; 4 successfully paying all restitution owed.

Individualized plans are developed with each participant to emphasize the importance of paying back victims and to ensure victims were fully restored. The Restorative Justice Specialists assist participants in locating jobs; however, with over half of the referrals being ineligible for employment, other creative options were

implemented. Such options included completing extra chores at home and shoveling snow and mowing lawns for elderly neighbors. Opportunities, Inc. also provides work options for participants 16 years of age or older. In 2013, nearly $8,000 in restitution was collected and repaid to the victims of crimes in an effort to compensate them for monetary damages.

2013 OUTCOME GOALS:

- 85% of all Restitution cases eligible for work in 2013 will successfully complete their restitution order making the victim whole.
    - Outcome: 67%

- 75% of youth ineligible for work will have family pay toward restitution with youth providing a specific meaningful contribution to reimburse the family.
    - Outcome: 78%

- Opportunities, Inc. will develop individual job options for 12 youth in 2013.
    - Outcome: Five assisted with job development; 3 job options developed.

EDUCATION PROGRAMS

First Offender Program

Using the evidenced based Aggression Replacement Training (ART) curriculum, this class teaches three main components that include Skill Streaming, Anger Management, and Moral Reasoning. Skills include but are not limited to: Beginning Social Skills, Advanced Social Skills, Skills for dealing with feelings, Skill Alternatives to Aggression, Skills for Dealing with Stress, and Planning Skills. Students also participate in moral reasoning discussion scenarios where students learn appropriate/mature ways of handling tough situations. Each class session is chosen specifically for the current participants, resulting in the class targeting certain learning skills that each participant can benefit from. The majority of the class time is devoted to role-playing, helping to keep the youth fully engaged. In 2013, 16 youth were signed up to complete the First Offender Program. Eleven youth successfully completed the class (69%) and three continued programming into 2014.

2013 OUTCOME GOALS:

- 70% of successful participants of the First Offenders program will not re-offend in the following 9 months.
    - Outcome:100%

Victim Offender Conferencing

The Victim Offender Conferencing (VOC) program gives victims the opportunity to meet face to face with the youth to discuss the crime and why it happened. VOC has been available in Jefferson County since 1997 and the Restorative Justice Team continues to educate and attempt to engage victims in this process. VOC not only benefits the victim but is also restorative for the youth offender and the community as a whole.

The victim benefits from the meditation by being provided a chance to express their feelings about the event at hand, thus allowing the victim a voice. The youth benefits from the mediation by being provided an opportunity to understand and make amends for the damage caused to the victim and/or the community at large. Finally, the community benefits from the mediation by repairing the harm done to the relationships affected by promoting nonviolent forms of conflict management, and potentially preventing the juvenile from offending again.

Options for incorporating the concepts of the Victim Offender Conferencing program are in three tiers. This is to ensure juvenile offenders have the opportunity to reflect on how their action affected others. The three tiers include:

- Using VOC as a diversion program.
- Incorporating VOC as a component of a Restorative Justice Plan.
- Requiring the youth to write an apology letter to the victim.

2013 OUTCOME GOALS:

- The Restorative Justice Program will provide at least 6 Victim Offender Mediation and/or apology letter sessions in 2013
    - Outcome: One referral was made to the program in 2013 and that referral is still active.

COORDINATED SERVICES TEAM

~Keeping children with social, emotional, mental health and cognitive needs in their home~

Coordinated Services Team (CST) is a voluntary team approach that exists to keep children with multiple needs in their home and community through the creation and maintenance of a comprehensive, coordinated, and community based system of care centered on strengthening the child and family. Jefferson County has been providing this approach to families for 17 years. The children, youth and families who receive CST services are involved with two or more child and family systems, such as mental health, special education, child welfare and juvenile justice. Other organizations and agencies including provider agencies and community organizations may also be involved. Jefferson County data and experience has shown that successfully implementing the CST process at the team level requires extensive support and collaboration among these various agencies and organizations. Organizations and agencies collaborate to provide access to the services and supports that are included in CST plans.

Our goal is for families to have immediate access so that families in crisis can receive support and resources to avoid unnecessary hospitalization, homelessness, child abuse and neglect, legal consequences, and out-of-home placements. Jefferson County CST currently has two service coordinators whom carry an ongoing caseload of 10-12 families, with a formalized waiting list process.

In the spirit of immediate access, Jefferson County Human Services Intake Unit implemented the Alternative Response (AR) approach in 2013. Jefferson County CST has partnered with our Intake Unit to be available in an effort to eliminate wait time during these crucial moments for families. Although this has increased the CST waiting list, we have shifted our priority so that there is a rapid response to helping these families who do not currently require formal court intervention.

Community Outreach is a service offered to CST families. Through outreach we provide community integration, home visits, school visits, and a short respite for the parent or caregiver. In 2013 outreach was provided to 20 children through 300 school visits, 492 community integration activities, and 91 home visits. Data shows that providing this service has increased school attendance, improvement in academic achievement and a decrease in juvenile offenses. Through the collaborative team process we eliminate obstacles to families accessing services and advocate for those children and families to provide support in their homes, schools and communities.

Jefferson County Human Services Department agrees to support the CST philosophy. This means staff participate in committees and family teams and the Department acts as the administrative agency providing supervision of Initiative coordination, provide oversight for development and implementation. The CST Service Coordinators and other staff maintain a flexible schedule in order to meet when families can, carry out family team assigned tasks and to monitor the outcomes for children and families.

Jefferson County CST strives to develop partnerships with all systems of care engaged with the family so that all team members are working together to establish one individualized plan for the child and family. Systems of care involved with the CST process are, law enforcement, medical, mental health, Juvenile Justice, Birth to Three, CHIPS, Headstart, Community Action Coalition, Workforce Development, People Against Domestic Abuse, Churches, Big Brothers Big Sisters, YMCA, Community Mentoring, Guardian ad Litems, Court System and Judges, Opportunities Inc., MATC, Independent Living, Intake, Community Support Program, Comprehensive Community Support Program, Health Department, WIC, Aging Disability Resource Center and daycares in the community. These providers and agencies participate on family teams and collaborate with the process. All school districts that serve our county residents are currently collaborating with Jefferson County CST by allowing staff members to be key team partners in family teams. Watertown Police Department, Fort Atkinson Police Department, Lake Mills Police Department, and Jefferson County Sheriff's Department are active team members as well on CST family teams and help to prevent crisis and deter truancy.

OUTCOMES FOR 2013

The Jefferson County Coordinated Service Team (CST) reported outcome data to the State Division of Mental Health and Substance Abuse Services (DMHSAS) for 33 children in calendar year 2013. These children were 64% male and 36% female; 82% White, 12% Latino, and 6% African-American. Their ages ranged from 3-16, with an average age of 11.0 years old.

Eight of the 33 children served in 2013 were also disenrolled in 2013. Outcomes for these 8 children will be presented in this report. This report compares the initial status at enrollment with the final status at disenrollment on living situations, juvenile offenses, and school performance and behavior for children who have been disenrolled. The average length of enrollment in CST for these children was just under one year (11.1 months).

LIVING SITUATION

When they were enrolled into the CST Initiative, all eight children were living with their biological or adoptive parents. All of these children were also living with their biological or adoptive parents at disenrollment. All children began in a stable living environment and were maintained in that arrangement during their CST participation.

JUVENILE OFFENSES

Of the eight children who were disenrolled in 2013, none committed offenses while enrolled in the CST Initiative. In addition, no children were reported as having committed an offense in the two months before enrollment.

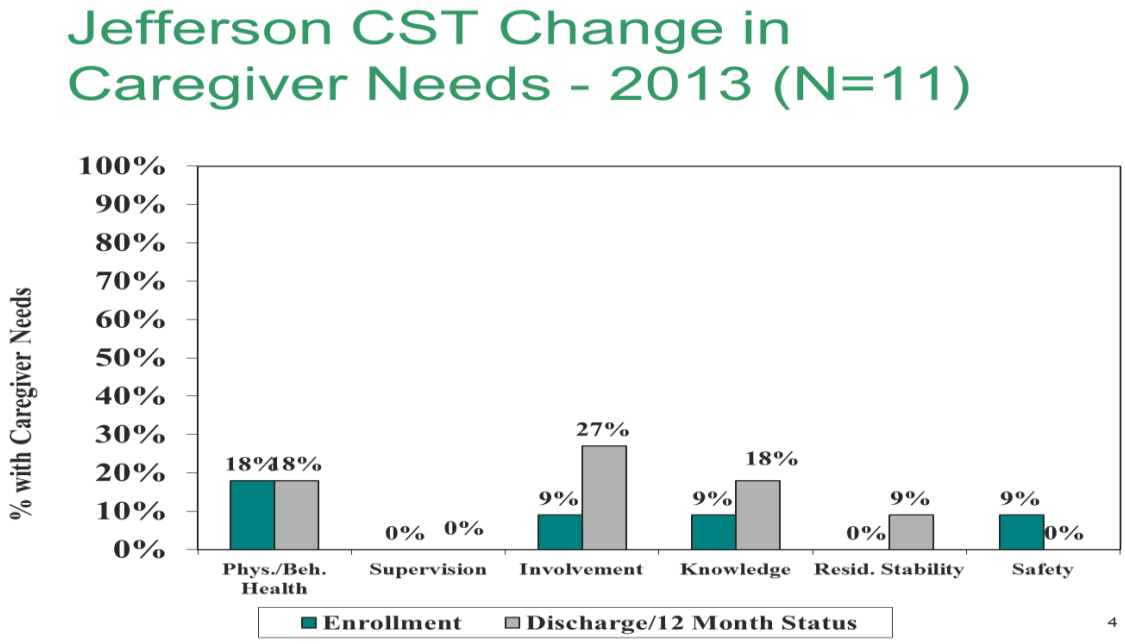
ACADEMIC ACHIEVEMENT AND SCHOOL SETTING

Of the eight children who were disenrolled in 2013, five had data provided on their educational experience and were enrolled for at least two school semesters. Two children improved their grades to a C average while enrolled in CST and the other three children maintained grades of a C average or above. No expulsions from school were reported for children during their participation in CST. Most children had no suspensions either except for one child who had three suspensions in the last school semester before he/she was discharged.

Of the five children discharged in 2013, four received special education school services and one attended "regular" school without the need for special education services while participating in their CST. Of the four children who received special education services, the intensity of the services remained the same for three children during their CST participation. One child was able to be moved from a full-time special education setting to a less intensive setting.

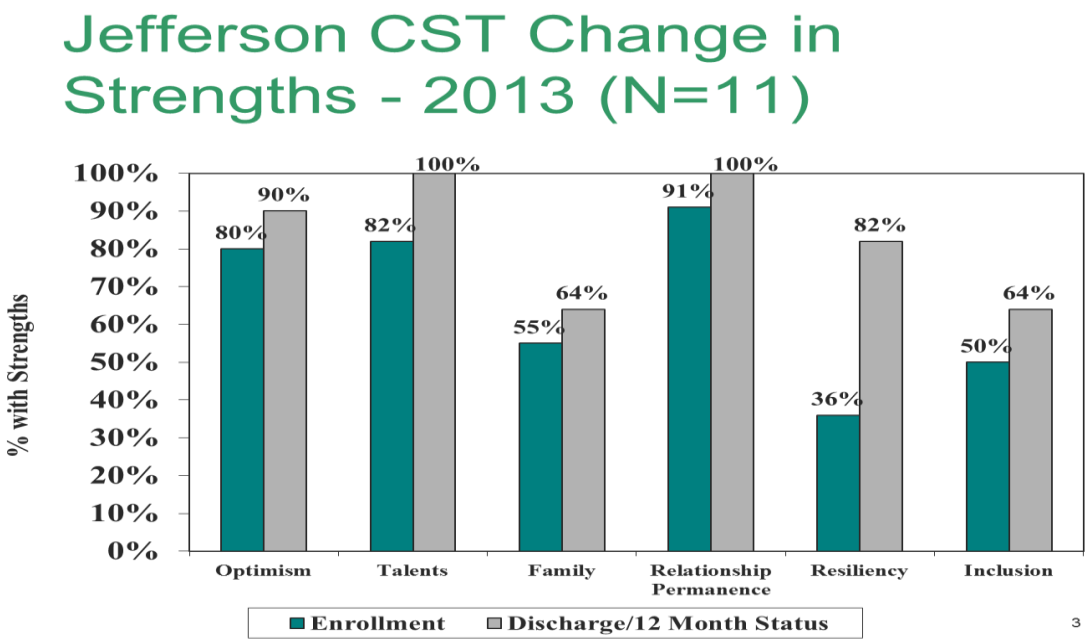
All school districts that serve our county residents are currently collaborating with Jefferson County CST by allowing staff members to be key team partners in family teams. Watertown Police Department, Fort Atkinson Police Department, Lake Mills Police Department, and Jefferson County Sheriff's Department are active team members as well on CST family teams and help to prevent crisis and deter truancy. The United Way of Dodge/Jefferson Counties provide dollars for incentives, activities, or needs identified by the family team.

CANS (Child an Adolescent Needs and Strengths Tool) tool is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child serving system for the child and family. The assessment is completed at intake, every six months and at closure. Data shows improvements in the following areas at the 12 month stage of the process.



Care giver needs are identified as:

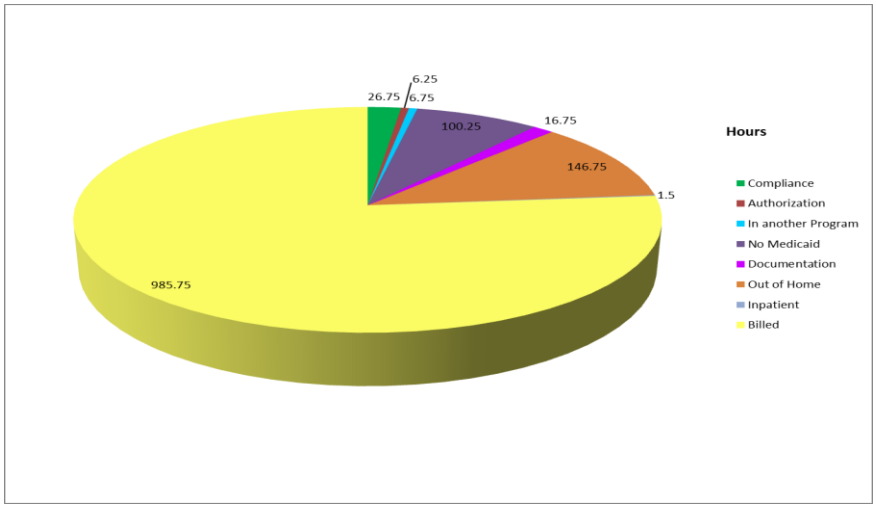
Physical or Behavior Health – this rating stayed the same due to a parent/caregiver having a physical health condition that may limit or prevent their ability to care for their child in the future.
Involvement – this rating improved showing that the parent/caregiver were able to advocate for their child and are willing to participate with service providers.
Knowledge – this rating improved showing that the parent/caregiver feels more effective in working with their child.
Residential Stability – the family feels they are in a stable living environment.



Child's strengths are identified as:

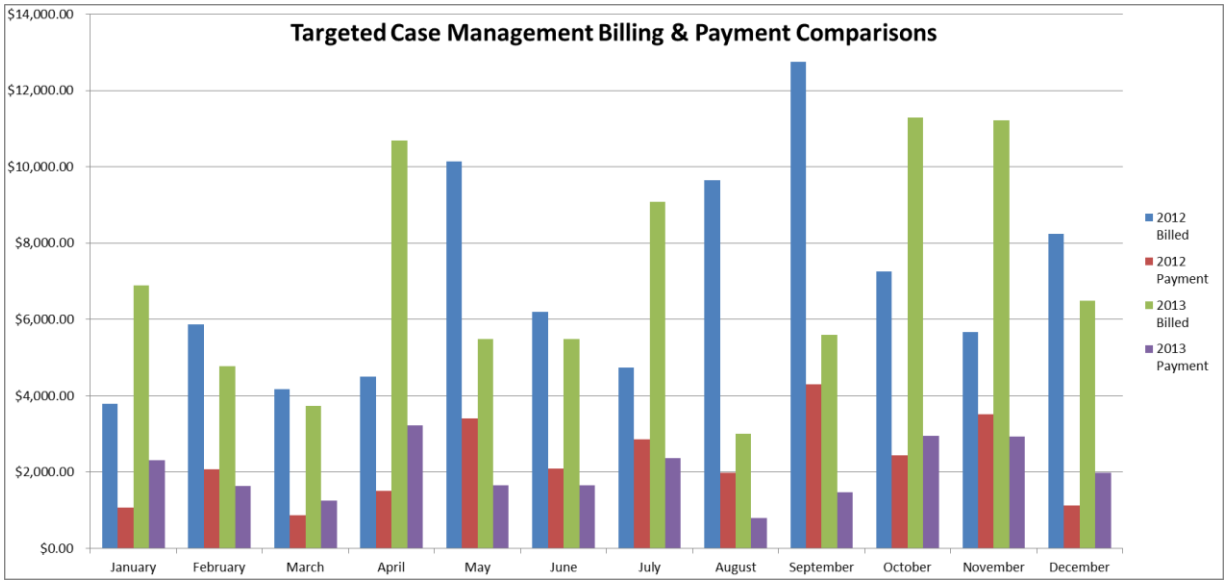
Optimism – this rating shows the child has a better sense of themselves and their future after participating in the team process.
Talents – this rating shows the child has a positive outlook on their talents and interests.
Family – this rating shows that the family is functioning within their nuclear family.
Relationship Permanence – this rating shows an increase in the parent/caregiver consistency and involvement in the child's life.
Resiliency – this rating shows that through the process the child has the ability to recognize his or her internal strengths.
Inclusion – this rating shows that the child feels they are connected to and part of a community.

Targeted Case Management Billable and Non-Billable Hours

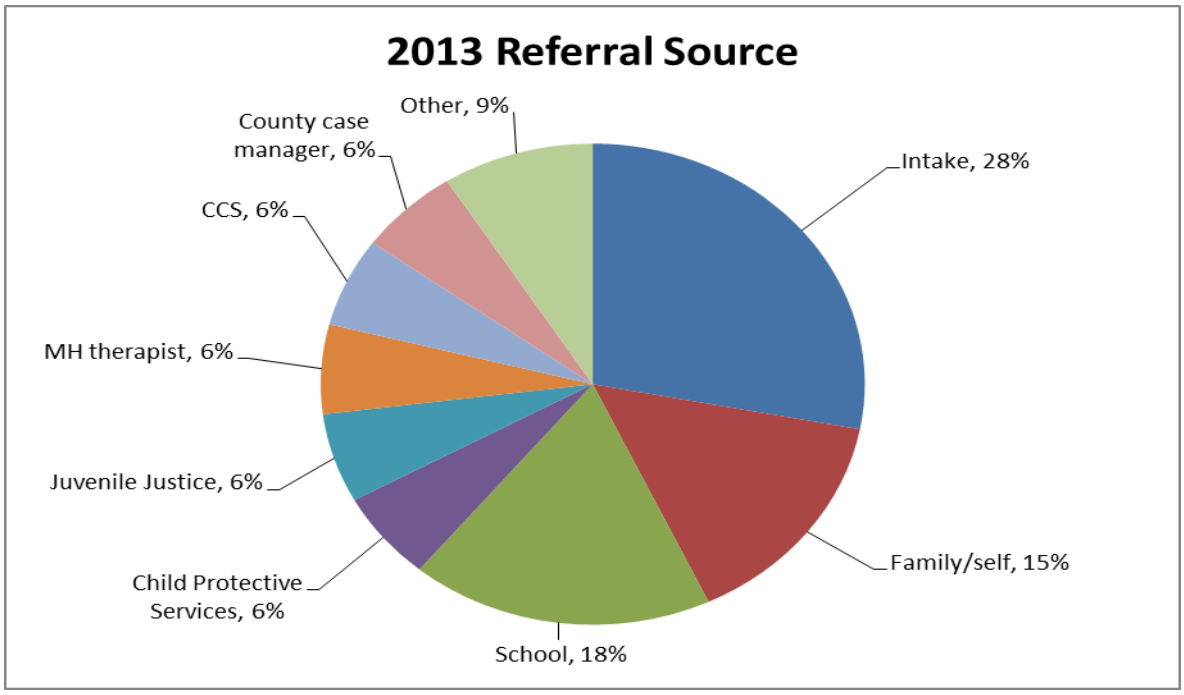


In 2013, billed time increased shows that we were in compliance with meeting targeted case management requirements for 985.75 hours.

Data shows 146.75 hours of services provided to clients that are out of home and cannot be billed to Medicaid. Data shows just over 100 hours the child had no Medicaid, this may be because the child had private insurance which cannot be billed. The total of non-billable hours equals 246.75.



Data shows that January and February were lower billing and payment months due to the absence of a service coordinator and staff teaching the Incredible Years parenting class. September is a higher month due to the beginning of the school year showing an increase in services being provided and referrals.



2013 shows an increase in referrals from our intake department due to the initiation of the Alternative Response Approach. This approach recognizes that variations in the needs and strengths of families require different approaches. This response is provided to families whenever a need is identified, whether or not child abuse or neglect has been substantiated in the investigation phase.

Coordinated Services Team and Children's Long Term Support staff have been trained in Confirming Safe Environments. This allows case workers to designate a designee for confirming a safe environment for a child placed out of the home. Staff has been trained to assess safety, facilitate permanence, and ensure well-being, using basic documentation about the child, family, and provider. The designee must obtain basic, credible information regarding the circumstances surrounding the placement of the child and the reason for placement of the child with the chosen provider. This training emphasizes teaming across systems.

REVIEW OF 2013 GOALS:

1. Develop a training manual for educating new employees internally and partners externally on Wraparound/CST Procedures. Employees will be asked to participate in a one day training specific to Jefferson County's Wraparound Initiative outlining the different phases and components of each phase of the process. *1. This goal has been accomplished. A training manual has been developed incorporating training material from White Pines Consulting Services, State documentation and information pertaining to Jefferson County's Wraparound Initiative. This manual is used for new staff, new teams and UW interns. A Wraparound training was held at the Lake Mills Community Center in October of 2013 with Dan Naylor from White Pines Consulting Services and the Jefferson County Wraparound staff presenting. Trainees were from Vernon, Walworth, and Kenosha County, Menomonee Indian Tribe, Jefferson County Birth to Three staff and supervisor, Goshen Children's Home, Early Childhood – Watertown School District, Safe Babies Program, Children's Long Term Support, Workforce Development Center, Jefferson County Intake and CHIP'S staff. Trainees were trained on how the Coordinated Services Team process facilitates a collaborative approach between a community's many systems, such as mental health, substance abuse, child welfare, juvenile justice, and educational systems. They were also trained on eliminating barriers to engagement, increase youth and families participation and achieve meaningful outcomes for children and families.*

   Summary of 23 Training Evaluations (29 people attended)
   What is your overall evaluation of the in-service?
   Unsatisfactory – 0
   Satisfactory – 0
   Good – 2
   Very Good – 7
   Excellent – 14
   Was the in-service relevant to your needs?
   Yes – 17 No -0 Somewhat - 6

2. Continue meeting billing criteria deadlines for targeted case management for sustainability by increasing revenue by 75%. *This goal has been accomplished.*

A NIATX project was completed in 2012 and implemented in 2013. Throughout the 2013 year the internal auditing system was modified. Modifications and changes were made with new systems that have been developed. The Jefferson County edal progress note monitoring system implemented in July 2013, allows the supervisor to read all notes for approval or rejection to avoid billing of out of compliance notes for case management. A policy and procedure has been developed for consistency of procedures with staff. Due to the new procedure auditing for targeted case management is on track. Targeted Case Management (TCM) accuracy is at 98% for the unit and we have already increased the billed and received revenue for the first three (3) months of 2013.

3**.** Plan and implement a Family Enrichment day for families to come together, to support each other and learn about advocating and navigating their child through systems and services. *This goal was not accomplished. We will incorporate this with our goal of developing a coordinating committee and having this as a project of the*

Coordinating Committee. Developing a Coordinating Committee is a requirement of the Statewide Expansion funding. The coordinating committee will be developed incorporating Wraparound/CST, Family Support, COP and Children's Long Term Support programs by June of 2014.

2014 GOALS:

1. Increase access and services for 10-12 additional families that are referred and who meet criteria in a in an effort to eliminate the waiting list by 9/30/14. This will be accomplished by adding a new service coordinator position by applying for the Coordinated Services Team Initiative Statewide Expansion allocation.

2. The CST program will reinstate Jefferson County's Coordinating Committee, meeting the requirements of Statute 46.56 and the Coordinated Services Team Initiative Statewide Expansion allocation by June 2014 as evidenced by meeting minutes.

3. Develop and implement a service utilization system for data collection showing the cost effectiveness of using coordinated services team initiative as evidenced by the completed monthly service cost sheet for interventions.

4. Develop an internal and external training to inform and educate Jefferson County Human Services staff and community partners on the importance of effective communication when overlapping systems meet for united service delivery.

5. Develop a resource pool of trauma informed care professionals that can be called upon as team members to increase optimism for children who have experienced trauma and who are involved in the Coordinated Services Team process.

BIRTH TO THREE PROGRAM

Birth to Three Program

~Supporting Families in Promoting the Growth and Development of Their Children~

Since 1979, the Jefferson County Birth to Three Program has been committed to providing services for families with young children who have special needs. Birth to Three services focus on empowering parents to enhance their child's growth and development. Recognizing parents as the primary source of influence in their child's life, Jefferson County Birth to Three uses the parent coaching approach to support families in understanding their child's development and their abilities to create meaningful learning experiences as they interact with and raise their child.

The Jefferson County Birth to Three Program has established a process that reflects best practices and ensures quality early intervention programming. The process was created using the "Key Principles" developed by the Office of Special Education Programs and the Federal Birth to Three Indicators as a guide, along with the Wisconsin Legislature and DHS 90. Our team of professionals employs their expertise in child development in conjunction with Federal and State mandates, initiatives and philosophy to ensure high quality, individualized services for each family participating in the program.

Birth to Three Program Federal Indicators

The Birth to Three Indicators have been identified by the Federal Government as the essential components for implementing high quality, early intervention programming. The Wisconsin Department of Health Services (DHS) tracks county data and reports state results on each of the indicators to the Office of Special Education Programs. Individual counties are accountable for providing services as they are outlined in Indicators 1 through 8. Indicator 1, 7, and 8 are considered compliance indicators. Each of these indicators has a target of 100% compliance. DHS monitors county Birth to Three Programs through annual self-assessments, annual data reviews and quadrennial on-site reviews.

The Jefferson County Birth to Three Program was found to be 100% compliant on Indicators 1, 7 and 8 in 2013.

Key Principles

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in a familiar context.
2. All families, with necessary supports and resources, can enhance their children's learning and development.
3. The primary role of the service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The Birth to Three process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and family's needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by the primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

- **Indicator 1: Timely Services**

Percent of infants and toddlers with Individualized Family Service Plans (IFSP) who receive services in a timely manner.

100% of the 248 children who had Individualized Family Service Plans through the Jefferson County Birth to Three Program in 2013 began their services within 30 days of parental consent of services.

- **Indicator 2: Natural Environments**

Documents Wisconsin's performance regarding the extent to which services are provided in the home or programs for typically developing children.

- **Indicator 3: Child Outcomes**

Documents how Birth to Three programs are making a positive difference in the lives of children and families in the following areas:

- Positive social-emotional skills including social relationships
- Acquisition and use of knowledge and skills
- Use of appropriate behaviors to meet their needs

- **Indicator 4: Family Outcomes**

Measures the percent of families in the program who report that services have helped:

- The family knows their rights
- The family can effectively communicate their child's needs
- The family can help their child develop and learn

- **Indicators 5 and 6: Child Find**

Methods and procedures each county uses to identify infants and toddlers potentially eligible for services:

- Indicator 5 tracks children between the ages of O and 12 months of age who are eligible for services
- Indicator 6 tracks all children eligible for services

- ***Indicator 7: Timely IFSPs***

Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and initial IFSP meeting were conducted in a timely manner.

100% of the 129 children for whom evaluations, assessments and initial IFSP meetings were conducted in 2013 were completed within 45 calendar days of their referral.

- ***Indicator 8: Timely Transitions***

a. **Transition Steps and Services**
   Percent of all children who received timely transition planning.
b. **Notification to LEA**
   Percent of all children who received timely transition planning including notification to LEA.
c. **Transition Conference**
   Percent of all children who received timely transition planning including a transition planning conference.

100% of the 210 children who exited the program in 2013 received timely transition planning services to support smooth transitions into school or community services.

Birth to Three: Making Connections

Connecting through Community Outreach: Child Find

The Jefferson County Birth to Three Program continually searches for opportunities to identify infants and toddlers potentially eligible for our services. During 2013, staff participated in eight child find activities. By educating community partners, participating in community events and by providing literature to other programs and organizations that service the families of Jefferson County, we are ensuring that families with children under the age of three who have developmental delays are able to access our services.

2013 Child Find Activities

Fort Atkinson Child Share and Care Fair
Watertown Children's Community Fair
Johnson Creek Child Safety Fair
Watertown Community Days
Lake Mills Farmers Market

2013 Outreach Activities

Presented for the Fort Atkinson Medical Clinic
Presented for the Jefferson Health Department
Actively participate in the Special Needs Taskforce of Jefferson and Dodge County
Host annual Early Childhood Interagency Meetings

Connecting with Families: Referrals

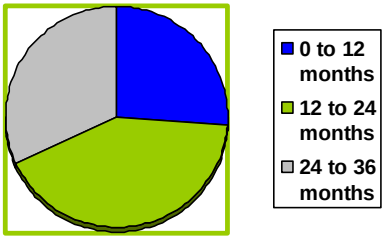
Jefferson County Birth to Three has consistently received referrals for 8% of the age eligible population over the past three years. 223 referrals were made to the Birth to Three Program in 2013. 65% of the referrals received were from males.

Anyone who has concerns about the development of a child birth to three years of age living in Jefferson County may contact the program to make a referral. Families and community agencies that work with young children are the most common referral sources. Children are referred at all ages and stages of development. Concerns about a variety of developmental issues can elicit referrals to the program.

Referral Source	Percentages
Primary Health Care Providers	49%
Parent	20%
Social Services Agency	20%
Hospitals or Specialty Clinics	7%
Other	4%

Developmental Concern at time of Referral	
Communication	56%
Cognitive	20%
Fine Motor Concerns	18%
Gross Motor Concerns	22%

Age at Referral



***Referrals can be for multiple areas**

10% of the children referred in 2013 lived in homes were Spanish was the primary language. Birth to Three employs a Bilingual Service Coordinator to support Spanish speaking families.

"Tener una persona que hable español fue muy beneficioso para mí y mi familia. Por fin pude entender en su totalidad lo que se dijo. Cuando tuve una pregunta o una preocupación Carolina me ayudo sin tener que esperar días después a que un intérprete me regresara la llamada. También me ayudo a estar más informada acerca de los recursos en la comunidad como también me ayudo a guiarme en la escuela."

"Having a Spanish speaking person working with me was really beneficial for me and my family. I finally could understand in full what was said. When I had a question or concern Carolina helped me without having to wait for an interpreter to call me back days later. I was very informed about resources in the community and also helped me to guide me with the school."

Connecting with Families: Home Visits

To ensure the timely services outlined in ***Indicator 7*** are met, Intake Service Coordinators will send a letter to the family of the referred child upon receiving the referral information. The letter explains what the family can expect, now that their child has been referred to the program. The Intake Service Coordinator's contact information is provided along with an explanation of the programs mandated timelines and parental rights of the child's legal guardian.

Per ***Indicator 2,*** all Birth to Three services, including the initial visit, are provided in the child's natural environment. Within three days of receiving a referral, the Intake Service Coordinator will contact the family by phone to schedule an initial visit in their home.

During the initial visit, the Intake Service Coordinator explains the mission of the Birth to Three Program, the process for eligibility, development of services and consents for services and billing. The Coordinator collects information about the child and family enabling the Early Intervention team that will work with the family to complete a comprehensive summary of the family's strengths, values and supports, as well as the child's developmental progress.

Connecting with Children: Evaluations

Birth to Three evaluations provides a global view of a child's development. Through the evaluation process, parents learn about their child's development in the following areas:

- Problem solving (cognitive)
- Understanding and expressing ideas (communication)
- Self-help skills
- Ability to move around their environment (motor)
- Expressing feelings and emotions (social-emotional)

Evaluation information is collected through parent interviews, observations of the child and play-based, standardized evaluation tools. The Early Intervention (EI) Team creates a comprehensive summary of the child's development. Eligibility is considered once all of the developmental information has been collected and reviewed.

Birth to 3 Mission Statement

The Birth to 3 Program is committed to children under the age of three with developmental delays and disabilities and their families. We value the family's primary relationship with their child and work to enhance the child's development and support the family's knowledge, skills and abilities as they interact with and raise their child.

Connecting Children with Services: Eligibility

Children are determined eligible for Birth to Three services by one of three factors:

- Demonstrate a significant delay in any area of development
- Demonstrate atypical behaviors that are negatively impacting development
- A diagnosed medical condition that has a high likelihood of resulting in developmental delays

84% of the children referred to the Birth to Three Program in 2013 were found eligible for services.

Families of children who are not found eligible for services are offered tools to help them continue monitoring their child's development and information about other community resources. Families are encouraged to connect the program if they are still concerned about their child's development in three months.

Connecting Families with Service Providers: Birth to Three

Staff

The Birth to Three team has six staff to facilitate and monitor the implementation of services. Rehab Resources Inc. is contracted by the county to provide therapy services for the program.

Jefferson County Birth to Three Staff
Program Supervisor
Two Intake Service Coordinators
Three Educators/Ongoing Service Coordinators

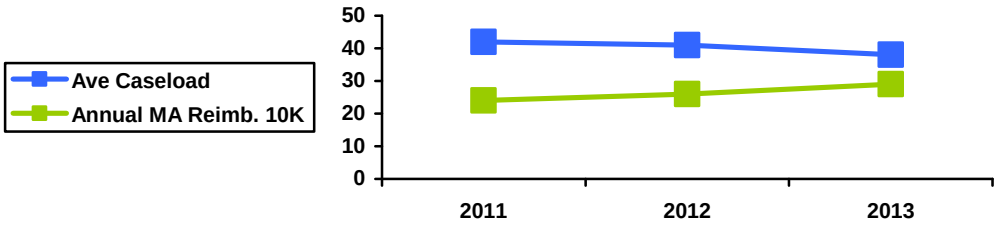
Rehab Resources Inc. Staff
Owner/Operator
Office Administrator
Two Speech and Language Pathologists
Two Occupational Therapists
One Physical Therapist

Connecting Families with Service Providers: Service Coordinating

Each family that has a child who qualified for Birth to Three services, will be designated an Ongoing Services Coordinator. The Service Coordinator is responsible for supporting the family through the Birth to Three process including: assisting in the IFSP (Individualized Family Service Plan) development, scheduling of plan reviews, providing resource information, and connecting families with other services. The responsibilities of a service coordinator requires them to have frequent contact with families. IFSP reviews are held every six months or whenever there is a change in services. The Wisconsin Medicaid Birth to Three Service Coordination regulations require service coordinators to have monthly contact for children receiving medical assistance.

Early Intervention Team:
The interdisciplinary team consisting of the parents, a service coordinator and other qualified personnel that conduct evaluations and assessments of the child.

Due to the increased number of children who receive medical assistance in the Birth to Three program over the past three years, Jefferson County has registered a 17% increase in the amount of reimbursement from Wisconsin Medicaid.



Connecting Families with Service Providers: Individualized Family Service Plan (IFSP)

129 Jefferson County families partnered with Birth to Three service providers to develop a service plan to meet the unique needs of their children.

Services through the Birth to Three Program are individualized to best address the concern and meet the needs of the child. The IFSP is developed based on the evaluation and assessment information collected on a

child. The child's present levels of development, family strengths, concerns and resources, along with the expected outcomes for the child are documented in the IFSP. The service plan for the child and the family are also outlined in the IFSP document.

100% of the children eligible for Birth to Three services in Jefferson County had evaluations, an assessment and an initial IFSP meeting conducted within 45 days of their referral.

Birth to Three services provides families and caregivers with the opportunity to receive support in promoting child development in the places where children live, play and learn every day. Birth to Three Staff connects with children for services in a variety of places including their homes, daycares, playgroups, libraries and parks. During visits, families and caregivers are coached by their child's service providers on ways to enhance developmental skills needed for the child to reach the outcomes the family identified as important in their Individualized Family Service Plan. Family members and caregivers are then able to use techniques and strategies they practice during visits to create meaningful learning experiences throughout the day for the child.

Jefferson County Services	# of children receiving Service in 2013
Educational Services	101
Speech and Language Therapy	243
Occupational Therapy	24
Physical Therapy	86

The average duration of enrollment for children with an IFSP in 2013 was 12 months.

Connecting Families with Services After Birth to Three

210 children exited the Jefferson County Birth to Three Program in 2013.

Most children continue Birth to Three services until they are no longer in need of services or until they turn three years of age. Per ***indicator 8***, all children exiting Birth to Three services will receive timely transition planning to support the child's move into early childhood or other appropriate community services.

100% of the children exiting the Jefferson County Birth to Three Program in 2013 received timely transitional planning services.

Plans after Birth to Three	Percentage of Children
Graduated from the program prior to 3 yrs old	18%
Birth to Three referred child to LEA*	34%
Went on to other community options	48%

*LEA—local education agency

Making Connections for Continual Program Improvement

REVIEW OF 2013 GOALS:

1. Continue "Child Find" activities under DHS 90. Our goal is to participate in four or more awareness activities in the community during the year. This could include: Resource Fairs, School Early Childhood Screenings, Child Care Provider meetings, and other meetings with agencies and teams within the Department of Human Services. To also complete a child find activity at a new location with the goal of targeting our bilingual families. *These goals have been accomplished. In 2013, Birth to Three participated in eight child find activities. Birth to Three was present at the Fort Atkinson and Watertown Children Fairs, and the Johnson Creek Child Safety Fair. A*

Plan of Services
Frequency of Services
Intensity of Services
Location of Services
Method of Services
Dates of Services
Payments of Services

Birth to Three booth was also staffed at the Watertown Farmer's Market Community Day. Birth to Three staffed a booth for three weeks at the Lake Mills Farmer's Market. Outreach was also provided in partnership with the South Western Center for Children with Special Needs at the Fort Atkinson Medical Clinic in early spring. To increase visibility and accessibility of services to the Spanish speaking community in the county, Birth to Three secured a booth at Festiva Cultural in Watertown in May of 2014.

2. The Birth to Three Team will implement evidenced based practices in Early Childhood intervention. The staff will use the Primary Service Provider/Coaching Approach with our families. The approach is a facilitative process that will enable parents and teams to acquire and improve new and existing skills and help with competence, performance and effectiveness of the child's goals and outcomes in Birth to Three Program. The goal is by using this model and approach children will meet 70% of their outcomes on the Individual Family Service Plans.
   This goal has been accomplished. To provide accurate and consistent reporting on child outcomes it was decided to measure progress based on the Child Outcomes Summary Forms (COSF), rather than the Individualized Family Service Plan (IFSP). Unlike the outcomes of an IFSP, the outcomes rated on the COSF are the same for each child, are rated at the same points in services, and are rated using the same protocol. The COSF is used to evaluate and report a child's progress toward three national child outcomes as required by the U.S. Department of Education: Positive Social-Emotional Skills; Acquiring and Using Knowledge and Skills; and Taking Appropriate Actions to Meet Needs. The COSF data captures a program-wide representation of progress towards outcomes. The IFSP outcomes show the development of one child towards a goal unique to him or her make it difficult to accurately collect and report on.

   In 2013, 113 children met the criteria for having Child Outcomes Summary Forms completed by being in the program for at least 180 days. 99% of these children showed development of positive social-emotional skills and the ability to take appropriate actions to get needs met during the time they were receiving services. 98% showed development in the ability to acquire and use knowledge and skills during the time they were receiving services.

   To further reinforce the use of the coaching approach to services during the 2013 program year, a new Service Authorization, Family Pledge and Missed Visit Policy were drafted and implemented. These forms are being presented at the initial visit and at service planning meeting.

3. The B-3 Program staff will offer and provide opportunities to a minimum of 5 families to attend the Incredible Years Parenting Group.
   This goal has been accomplished. More than five families were referred to the IY program through the Birth to Three program in 2013. At least four families had the opportunity to participate in the program.

4. The B-3 Team will develop an exit family survey to utilize at 100% of discharge meetings. This survey will be completed by July 2013.
   This goal has been accomplished. In July of 2013, an updated version of the family exit survey was implemented. Staff gives out the survey to each family at the discharge meeting.

2014 GOALS:

1. In line with the state initiatives for 2014, the Birth to Three Program will continue to improve the fidelity of the Primary Coach Approach to services. All county staff will participate in the Pyramid Model Infant and Toddler Module which focuses on empowering families to enhance their child's development through meaningful interactions and relationships. All county and contracted staff will participate in training based on the Pyramid Model facilitated by staff already trained in the Model and by Resource staff. All county and contracted staff will complete the Birth to Three training modules on the Primary Coach Approach to

services. Staff will demonstrate improved fidelity in the Primary Coach Approach by showing a 35% improvement rate program wide on the Supportive-Based Home Visiting Checklist.

2. The Birth to Three Program will increase visibility and accessibility of services to the Spanish speaking community in the county by participating in two outreach or "child find" activities that offer a variety of bilingual services and resources.

3. The Birth to Three county staff will enhance their ability to engage parents in the Birth to Three process and service plan implementation through the use of Motivational Interviewing techniques. All county staff will complete Motivational Interview training in 2014.

4. The Birth to Three Program will focus on improving compliance to Federal Indicator 8C. Indicator 8C states that all children being referred to the local school district will have a transition planning conference with a representative from the school district and their service coordinator at least 90 days before their third birthday. In 2013, 95% of children transitioned were compliant with Indicator 8C. Staffing agendas will include a list of children who are due for Indicator 8 services. Indicator 8 reports will be run monthly from state data and shared with staff.

5. The Birth to Three staff will develop a handbook to use as a tool for introducing families to the program. It will include an overview of the mission and philosophy of the program, a description of what to expect from the program and updated policies and procedures.

BUSY BEES PRESCHOOL

~Providing positive early learning experiences throughout a fun-filled morning ~

The Busy Bees Preschool Program is open to two and three year old children participating in the Birth to Three Program or from the community. Preschool is held on Tuesday and Thursday mornings from 8:30 to 11:00, September through May. A summer session is also offered from July to August. The children enrolled are a combination of six community children who attend two days a week and twelve children enrolled in the Jefferson County Birth to Three Program who attend either on Tuesday or Thursday.

Busy Bees Preschool promotes a positive learning experience by providing fun-filled, enriching mornings with structured routines and consistent behavior expectations. Children increase their social-skills, self- esteem and overall confidence through understanding and succeeding at our preschool.

Busy Bees Preschool provides developmentally appropriate activities in a seasonal thematic manner. Activities emphasize language and concept development through free play, music, finger plays, books, gross and fine motor activities, art experiences, and daily living skills, including a snack time and bathroom routine. Lesson plans address all developmental domains and follow the Wisconsin Model Early Learning Standards.

Busy Bees Preschool completed the YoungStar process (Wisconsin's Child Care Rating Program) for the 2012 – 2013 school year. The preschool was awarded a $1000 grant for completing the self-assessment portion of the

YoungStar process. The formal rating process for the program awards a number of stars based on points earned across four categories: education, learning environment and curriculum, professional and business practices, and child health and well-being practices.

	One Star	Two Stars	Three Stars	Four Stars	Five Stars
Facilities Rated by YoungStar	27	2,621	1,228	174	342

We are pleased to be a 4.6 Star rated program for the 2012-2013 school year. This means, that we offer above average care and meet specific guidelines from WECA to better serve the children in our program.

REVIEW OF 2013 GOALS:

1. Busy Bees Preschool will complete the YoungStar (Wisconsin's Child Care Rating Program) process to try and receive a 4 or higher rating. This system and the rating are awarded based upon points earned across four categories: education, learning environment and curriculum, professional and business practices, and child health and well-being practices.

   This goal was met. The YoungStar evaluation process was completed. The Busy Bees Preschool classroom was formally observed and received an overall rating of 4.6. The rating combined with the points awarded during the YoungStar evaluation earned the preschool a 4 star rating.

2. The Early Childhood Teachers will create and implement individual child portfolios to use for preschool.

   This goal has been partially met. The Early Childhood Teachers have chosen a format for the portfolios they will be building for children in their classroom. They have reviewed the key components of the portfolios and have developed strategies to ensure those components are compiled and collected during the preschool year. The portfolios are put together and ready to implement.

2014 GOALS:

1. Busy Bees Preschool will complete the YoungStar process and maintain or improve its 4 star rating. Ratings are determined through Wisconsin Child Care Rating Program based on points earned in four categories: education, learning environments and curriculum, professional and business practices, and child health and well-being practices.

2. Busy Bees Staff will update the preschool handbook to include information to orientate families to the program and updated policies and procedures.

CHILD ALTERNATE CARE

"Alternate Care services were developed to provide for the physical, emotional, and social needs of the child until the child can be reunited with his or her family."

In 2013 Jefferson Counties Alternate Care service array increased with the addition of dynamic stabilization and in-home services to avoid placement, as well as services to reunite families. Despite these pro-active efforts, child alternate care continues to spend a majority of the work day locating respites, out-of home placements, as well as licensing foster homes and relative homes for children that are not able to remain in the home or community safely. Great efforts and priority are placed on these placement searches and are determined based on fit, well-being, potential reunification success and proximity to the biological home. These child alternate care services were developed to provide for the physical, emotional, and social needs of the child until the child can be reunited with his or her family. When this is not possible, other forms of permanency are utilized such as independent living, various forms of guardianship, adoption and other planned living arrangements (OPLA). It is intended that through respites, short-term placements, regular family interactions, and supportive services, children will be reunited with their families as soon as diminished protective capacities are increased and child and community safety is not at risk. Great measures are taken to work with county, contracted, and kinship placements to form a team concept working toward the goal of successful permanency along with the birth family, extended family, informal and formal providers.

ALTERNATE CARE PHILOSOPHY

- To avoid placements whenever possible, by providing protection, support and services in our communities.
- To work towards permanence for the child from the moment of out-of-home placement. The first choice is often to strengthen the child's family system and reunify that child.
- To keep placements short in duration and make them within the community whenever possible.
- To identify the factors in the family that creates unsafe situations, as well as the family strengths and resources to build upon positive pre-existing conditions while dealing with the underlying needs.
- To minimize the use of institutional placements by creating unique community options with providers.

For a number of years now, the State of Wisconsin has mandated the licensing of kinship homes (children residing with a relative) as "Level One" foster homes. In 2013 our department licensed relative homes and placed 27 children into Level One and/or kinship homes (family members) to avoid a more restrictive placement setting with an unfamiliar caretaker. Considering our department placed 56 new children in 2013, almost half of the children in need of a placment were able to be placed with a familiar relative. This is a major accomplishment toward limiting the trauma that is associated with any removal from home. The licensing of these kinship homes has required additional staff time, resources and creativity, but remains best practice and a goal that begins the instant an out-of-home placement is needed. The level of care needed is determined by the child abuse and neglect assessment tool. Rates for all providers are set by the state.

As you can see below, our staff have worked diligently to keep children in the home avoiding out-of-home placments in 2013. There are many factors that have contributed to the success in the area of child alternate care that span agency wide. First, we continued the focus on increased placement scrutiny at time of potential placement, through the ongoing placing units such as Juvenile Justice and CPS-Ongoing. Furthermore, Permanency Rountables (PRT's), mutil-disciplinary staffings and newly developed contracts with providers

focusing on mental health and alcohol and drug issues has aided in our effort to decrease out-of-home placements. Additionally, our CST, CLTS, CCS and CSP programs have joined in the agency wide effort to keep children in the home safely with the family systems approach to aid the entire family with superb programming for parents and their children. Finally, the In-home Safety Services grant via DCF was sucessfully extended into 2013 and Jefferson County is proud to report that 15 children were maintained in the home in 2014 due to the safety services gained through the safety inititiave, resulting in a savings of over $96,000 to the alternate care budget.

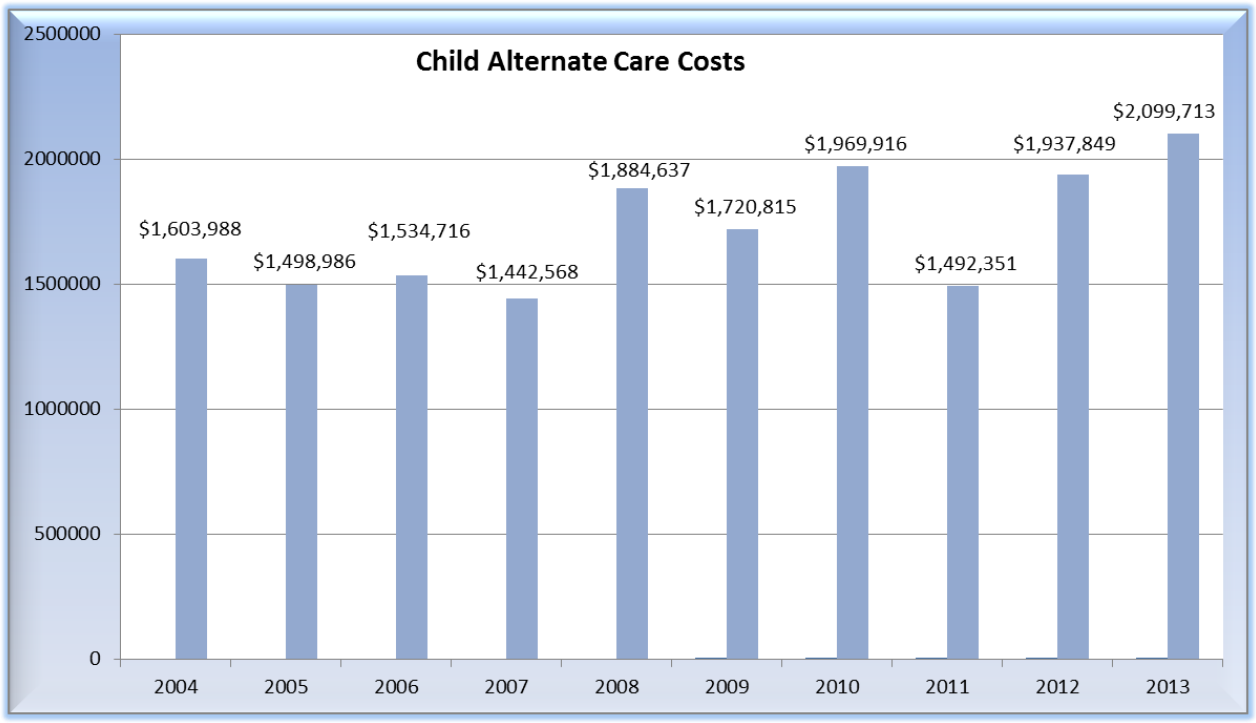
Entries and Discharges of Children by Calender Year			
Year	**Children entering care**	**Children exiting care**	**Plus/minus ratio**
2013	56	60	-4
2012	72	68	+4
2011	76	53	+23
2010	61	56	+5

It is worthy to note that of children that exited care in 2013, 90.1% were discharged with a legally recognized form of permanency by the Department of Children and Families (DCF), which is greatly ahead of the state average of only 38.6%. The break down of the various forms of permanence via discharge in Jeffeson County consisted of the following:

- 59.2% were reunified to a parent, while the state average was 60.1%
- 15.5% were discharged due to the department setting up a guardianship
- 15.5% were adopted
- 1.4% were discharged via independent living
- 1.4% found permanency via other arrangements
- 7% reached the age of majority

In 2013, the department increased spending on alternate care for children by $87,745 to $2,025,594. This increase was able to be contained due to the diligent work of the entire agency given the high costs associated with two very high cost extraordinary placements, as well as the influx of alcohol and drug cases, specifically Heroin. Alternate Care spending is a huge priority and concern for the department each and every year, both fiscally and for child well being. Children and adolescents need permanence, safety, and well being, and while out-of-home placements and multiple placements are necessary to assure safety at times, we know that these situations can be associated with poor lifetime outcomes for children. The department attempts to avoid placements and deter costs in several ways. We have continued to contract with the state to retain legal counsel for situations that require termination of parental rights. We are increasing the number of children on long term support (CLTS) waivers and have implemented parent coaches and peer supports for parents in the home. Furthermore, the department is adding staff in the CLTS and Coordinated Service Teams in 2014 to continue to support in-home placements. Finally, our department relies on the use of respite care to avoid long term placement by providing a short reprieve for parents and their children. We provided 483 respite opportunites in 2011, 518 respites in 2012, and we decreased that number to 416 in 2013 by looking toward

informal supports within the family. Many youth account for multiple respites to avoid high cost and traumatic placements, as well as to preserve a variety of current placements.



The Department of Children and Families measures each county on a number of placement related performance items which is directly related to the Federal Child and Family Services Review (CFSR). Below is a breakdown of the placement related items:

- Timeliness to reunification is a federal benchmark that indicates that children who are returned home should be returned home within 12 months of placement. Jefferson County sent 73% of it placements home within 12 months of removal, which is in line with the state average and just under the federal benchmark of 76.2%.

- Placement stability is a federal benchmark that indicates that of all children placed outside the home for less than 12 months, these children should have no more than 2 placments during that placement episode. Jefferson County was able to accomplish this 84.5% of the time in 2013 which is up from 73% in 2012 and is in-line with the state average of 84.6% and below the federal benchmark of 86%.

- Re-entry into out-of-home care is a federal benchmark that tracks the re-entry rate of children BACK into care after the discharge from a placement. Jefferson County had 11.54% of children return to care after discharge which is better than the state average of 20.88% and just off the federal benchmark of 8.6%.

- Maltreatment in out-of-home care is a federal benchmark that tracks substantiated abuse to a child by a facility or foster parent while placed in their care at a rate of 0.57% or less. Jefferson county had 0 incidents of substaniated abuse of children while in care in 2013, which is better than the federal benchmark and the state average of .11%.

The following chart exemplifies Jefferson County's placement of youth into some form of out-of-home care from 2009 through 2013. The graph indicates all placements that take place in a given year, taking into account that some children have multiple placements represented in the data. This number represents very

short Temporary Physical Custody (TPC) placements all of the way to long term placement episodes. Additionally, the number indicates that we have the need for multiple placements per child, due to court ordered changes, moving from more restrictive to less restrictive as the juvenile re-integrates back into the community, as well as placements that are not a quality fit for the child or juvenile which necessitates a change.

Most individuals requiring placement can be maintained at the foster home level, while others require more restrictive placements such as group home, residential care, or as restrictive setting as we have available, juvenile corrections. As the numbers below indicate, we take great measures to avoid these types of highly restrictive settings and utilize those only when community safety cannot be controlled. Because the needs of children who require alternate care are high, programming efforts, particularly mental health services, are used in conjunction with placements. In 2013 we were able to decrease the number of residential placements and eliminate the use of juvenile corrections completely. The 96 formal placements that are outside the use of relative provider's mark a significant decrease from the 158 different placements made in 2012. The sharp decrease of 62 placements is a direct result of increased treatment and safety services to families focused on keeping children and youth in the community.

ALTERNATE CARE PLACEMENTS - CHILDREN										
PROGRAM	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Foster Care (In-County)	**24**	**30**	**28**	**46**	**25**	**34**	**53**	**61**	**59**	**36**
Foster Care (Out-of-County)					**14**	**13**	**16**	**37**	**17**	**46**
Treatment Foster Care (In-County)	**6**	**12**	**7**	**7**	**2**	**9**	**11**	**3**	**12**	**NA**
Residential Care Center (Child Care Institution)	**17**	**7**	**5**	**8**	**8**	**13**	**18**	**6**	**5**	**2**
Child Correctional	**4**	**3**	**1**	**1**	**1**	**1**	**4**	**3**	**1**	**0**
Child Mental Health Institute	**4**	**4**	**3**	**4**	**2**	**2**	**2**	**1**	**4**	**1**
Out-of-County Treatment Foster Home	**11**	**12**	**21**	**22**	**27**	**33**	**52**	**24**	**42**	**N/A**
Group Homes	**17**	**23**	**17**	**12**	**14**	**16**	**29**	**12**	**18**	**11**
TOTALS	**83**	**91**	**82**	**100**	**93**	**121**	**185**	**147**	**158**	**96**

Detention Placements

A final related statistic in the Child Alternate Care area is our use of secure detention (locked juvenile detention facilities) for youth. During 2013, 68 youth were placed in these facilities at a cost of $72,610, which is an increase from 39 youth in 2010 at a cost of $44,066. These increased numbers of detention placements unfortunately takes us back to numbers seen in 2010. Theses increased detention placements are due to a number of severe community incidents that required prolonged planning that ultimately resulted in successful community settings or even placement at home with safety services. These placements are either made by the Juvenile Court or by Human Services staff in order to provide community protection or to sanction youth for violation of a court order. Many alternatives to the use of secure detention were utilized to decrease the number of these placements such as Intensive Supervision, electronic monitoring, respites at group homes, and other deterrents made via the case manager and the treatment team. The Child and Family Division takes great pride in keeping the community safe, while limiting the use of secure detention.

DETENTION CENTER PLACEMENTS

COUNTY	NUMBER OF PLACEMENTS		TOTAL COST
Rock	46	$	41,250.00
Washington	2	$	460.00
Waukesha	20	$	30,900.00
TOTALS	**68**	**$**	**72,610.00**

CHILDREN'S LONG TERM SUPPORT (CLTS) WAIVER PROGRAM

~Assessing children and family needs and supporting a plan for the provision of services~

The Children's Long Term Support Medicaid Waiver provides funding for services to help support and maintain children, who have been diagnosed with a developmental, physical or mental health disability, in their home. Allowable services are adaptive aids, support, service coordination, communication aids, consumer and family directed supports, consumer education and training, counseling, daily living skills training, home modifications, nursing services, respite care, specialized medical and therapeutic supplies, and supportive home care. When placement in the home is not possible CLTS can also provide funding for children's foster care. Throughout the 2013 year, 59 children received CLTS waiver services. Jefferson County receives their referrals through Compass Wisconsin Threshold.

Compass Wisconsin Threshold is a unified point of intake serving Jefferson County families that wish to apply for long-term support services for their child. Since July of 2012 Compass has screened 81 families for eligibility. Compass completed 49 functional screens with 31 of these screens qualifying the child for Children's Long Term Support services. These children were added to Jefferson County's waitlist bringing the waitlist to 97 children waiting for services. The Compass report shows that 72 children are diagnosed with a developmental disability, 19 children have a severe emotional disturbance and six children have a physical disability.

All children on a waiver must be reassessed annually to see if their functional limitations remained significant enough to qualify for continued waiver funding. If they continue to qualify, the children can receive such services until they are the age of twenty-two (22) or until their funding begins through the adult service system.

Some waiver slots are fully-funded by Medicaid. Other waiver slots require a local-match (approximately 40%) from the county. Fully funded slots are contracted through the state with a total funding source of $129,574.00.

Family Support Program (FSP):
FSP is another funding source for children with special needs. This program can be used to purchase equipment and services required to keep a qualified child safely in their home. Eligibility for these funds is based on an assessment tool called the children's functional screen. Family Support dollars provided financial support to 35 children assisting with the following services: Camp, Respite, Daily Living Skills, and Adaptive Aids.

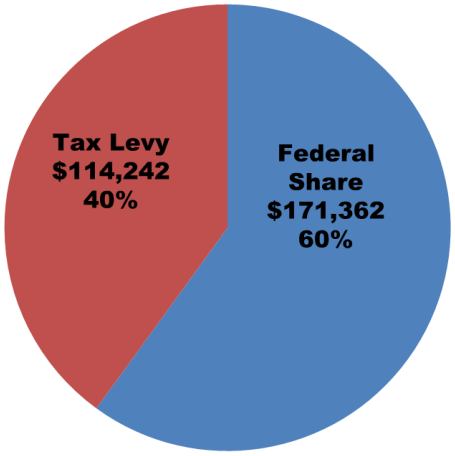
Total number of children Family Support was used as match = 31	**$50,317.88**
Total number of children who received straight Family Support only = 4	**$6,907.32**
Total number of children served by Family Support = 35	**$57,225.20**

Family Support match dollars were used for Respite Camp, Respite Care, Communication Aids, foster care and therapeutic services, such as Applied Behavior Analysis. Straight Family Support dollars were used for respite, consumer education, daily living skills training, and communication aids.

Jefferson County Human Services created a Family Support advisory committee to provide transparency to the process, while seeking input from a variety of disciplines. The committee met three times in 2013 and is comprised of parents receiving Family Support or Children's Long Term Support Waiver services, Birth to Three supervisor, staff from the Aging and Disability Resource Center, Care Wisconsin and the Service Coordination Specialist for the South East Regional Center. The Family Support Coordinator facilitates this meeting by presenting educational topics, supportive resources, and informs the members of any changes internally at the agency or changes mandated by the Department of Health Services. Committee members share any pertinent information and new resources they have found helpful. It is an excellent meeting opportunity to sit down with professionals, agencies, community members and parents and to link families with other families to strengthen natural supports and knowledge of available resources.

Jefferson County Community Options Program (COP):
This program financially supported case management services to seven children at a total cost of $3,388.00. Case management functions are defined as screening, assessing, authorizing services, developing a plan for the child and the monitoring of services and supports. These are state funds.

2013 Foster Care Spending Ratio

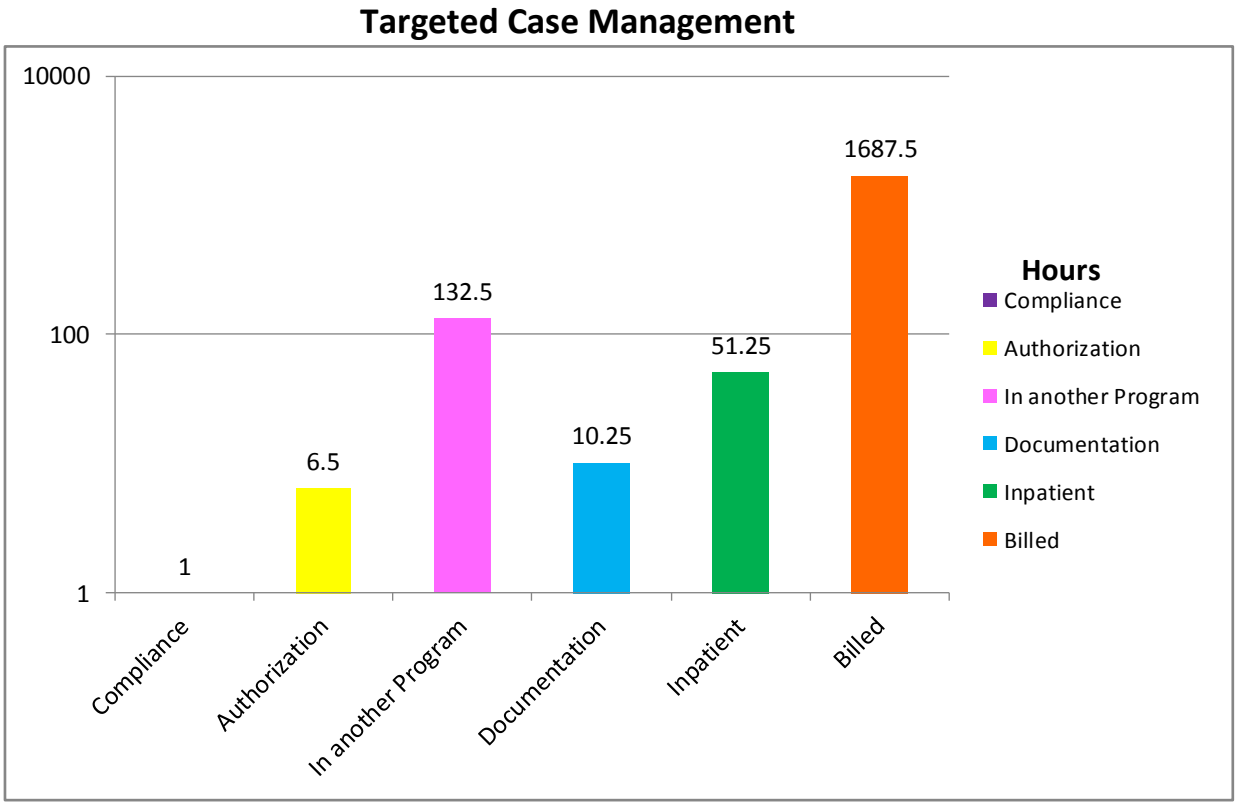


Sixteen CLTS children resided in foster care with the total cost of $285,604.00 in 2013. Children's Long Term Support financially assisted through a Federal payment of $171,362.00 with county tax levy dollars paying only $114,242.00. This cost saving measure is substantial for the alternate care budget and a service that is utilized whenever possible for prevention and placement services.

In 2013, all service Coordinators attended an all-day mandated training regarding the Children's Long-Term Support Functional Screen. It is vital for staff to maintain the integrity of the functional screen for the purpose of determining eligibility. All certified screeners must make certain that they are accurate with completing thorough screens and that it replicates the four levels of care mandated.

As a team we developed internal policies and procedures following the State of Wisconsin Department of Health Services Medicaid waiver manual mandates: Participant Rights, Appeal and Grievance Processes, Determination and Application Process for Family Support, Waiting Lists for Waiver and Family Support, State Required Documentation for Denial and Terminating of Waiver Services, State Required Documentation and Screening Requirements for Service Providers, and Annual Recertification Requirements.

Jefferson County hosted two site visits with CLTS staff and the fiscal department with our State Children's Services Specialist. This visit allows CLTS staff, supervisors and fiscal to discuss ongoing training, needed technical assistance, networking and reviewing files, mandates and changes. CLTS staff receives ongoing training through monthly teleconferences and bi-annual regional meetings.



Data shows that 1687.5 hours of support and service coordination was billed to targeted case management. Internal systems have been developed and implemented to preclude the billing of unauthorized services or placement settings such as, placement in another program, insufficient documentation or inpatient stays. This internal system rejects these unauthorized activities, allowing the CLTS program to bill with 100% compliance, while not incurring any disallowances (paybacks to the state) for the 2013 year.

As the graph above denotes, "In another program" identifies children who are in our Comprehensive Community Services program. Department of Health Services, policy and procedure for serving children who are dually enrolled states that CCS funding must be used prior to CLTS waiver funding. If a child is enrolled in this program all support and service coordination must be billed though the CCS program.

REVIEW OF 2013 GOALS:

1. Collaborate with the children's division, alternate care and fiscal manager to identify children who may meet criteria for eligibility of Children's Long Term Support Waiver services. *This goal has been accomplished. A meeting was held in June of 2013 with our State Children's Services Specialist, Division Manager, Fiscal Manager and the CLTS supervisor to discuss the criteria for moving children off of the waitlist to receive services. These meetings will continue to occur on an annual basis. Fiscal staff attends a monthly waiver meeting to discuss high cost children, implementation of systems change, and program updates. The CLTS Case Managers and supervisor attended a functional screen training to obtain current knowledge of assessing children for eligibility. The supervisor was given access to the functional screen program. Functional screens and variances are approved by the supervisor before they are submitted to the state for review and approval. The supervisor attends internal super staffings, permanency round table meetings, and monthly CHIP's and Juvenile Justice Team meetings and has monthly contact with the foster care coordinator to discuss possible referrals.*

2. Review monthly teleconference information at our weekly staff meeting. *This goal has been accomplished. Teleconferences are held monthly to inform Children's Long Term Support Waiver service coordinators of pertinent information regarding program updates and changes occurring throughout the state level and making recommended or mandated changes throughout the local level. If service coordinators are absent for the teleconference the teleconference is recorded for later review. This information is saved on the w: drive for access and review. Staff will inform supervisor monthly if they participated in the monthly teleconference. Supervisor will give staff a certificate of completion of the monthly teleconferences to meet their annual training requirements.*

3. Develop a methodology for 95% accuracy for quality assurance of case management and mandated documentation for internal and external auditing. *This goal has been accomplished. The following tools and systems have been implemented. An excel spread sheet has been developed for monitoring/auditing of all mandated documentation. All documentation goes directly to the supervisor for entering. The supervisor enters the dates of completion. This spreadsheet is discussed in weekly team meetings and reviewed with staff during weekly supervision. Supervisor and staff have access and have been trained on how to use the electronic tracking system to verify if monthly collateral contacts have been made. This is to ensure no disallowances have occurred resulting in a pay back of all monthly costs for services provided under the waiver (foster care, respite). We are using a new SPC code to specifically track collateral contacts. The Jefferson County edal progress note monitoring system was implemented in July 2013. This allows the supervisor to read all notes for approval or rejection to avoid billing of out of compliance notes for case management. We have had no disallowances since all of the above systems have been implemented. An inpatient spreadsheet was developed to enter medical and mental health inpatient stays. This spreadsheet intercepts any case management services from being billed. In December of 2013 a preliminary audit was conducted by Clifton Larson Allen LLP. Ten waiver files were audited with 100% accuracy of compliance.*

2014 GOALS:

1. Develop and implement an online training course ensuring providers are qualified and meet the state requirements for service provision by June 2014 as evidenced by the certificate of completion of the training course.

2. Build program awareness and educate the community about programming by creating a Children's Long Term Support and Family Support brochure that can be added to the Jefferson County webpage and disbursed to families and external partners by 12/31/14.

3. Continue monitoring quality assurance of state mandated requirements for Children's Long Term Support participants at a rate of 95% accuracy or higher. This will be measured through our internal auditing procedure utilizing target case management data, auditing system and not incurring any disallowances.

4. The CLTS team will work with Jefferson County MIS to develop an electronic system to define the provision of services being delivered for Support and Service Coordination. This will denote the service provision within the electronic progress notes to meet the SPC code service requirements for the Department of Health Services in 2014.

5. The CLTS team will form a coordinating committee that will meet on a quarterly basis for the Family Support Program and Community Options Program to meet programming requirements as evidenced by the annual Family Support Program plan as well as the meeting minutes.

INDEPENDENT LIVING

~Helping young adults become independent, responsible and productive members of society when they reach adulthood~

Adolescents face a range of developmental issues, and as teens approach adulthood, living independently becomes a significant goal. While youth with intact families may struggle to achieve self-reliance, youth in out-of-home care face formidable obstacles. The Jefferson County Independent Living Skills (ILS) program, which consists of the Division Manager, the program supervisor and one service coordinator, is a partially federally sponsored program for youth ages 15 ½ to 23 who are either currently in a court ordered out of home placement, who have attained 16 years of age and have left foster care for kinship guardianship or adoption, or who have aged out of care by turning 18 while still in placement. There are different aspects of the program, which are designed to support a successful transition into adulthood.

The "John H. Chafee Foster Care Independence Program (CFCIP), part of the ILS program at Jefferson County Human Services Department, offers assistance to help current and former foster care youth achieve self-sufficiency. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care." In addition to the services listed above, Jefferson County Human Services uses Chafee funds to purchase birth certificates for employment, school and driver's license purposes, college application fees, and incentives for completion of goals. Young people who have aged out of care are offered services akin to case

management and eligible until they are 21 if not enrolled in school, or 23 if enrolled in college or other post-secondary educational program.

The Educational and Training Vouchers Program (ETV) provides resources specifically to meet the education and training needs of youth aging out of foster care. The ETV aspect of the Independent Living Skills program offers additional dollars for post-secondary educational and training vouchers for youth likely to experience difficulty as they transition to adulthood after the age of 18. This program makes available vouchers of up to $5,000 per year per youth for post-secondary education and training for eligible youth. ETV funds are instrumental in assisting young adults, who have aged out of care, pay for all or part of their tuition, text books and other items necessary to begin and be successful in a college or career training setting. Students have to remain enrolled in school and maintain a C average or better in order to receive additional funding.

Youth ages 15-17 years

Youth in out-of-home placement, ages 15-17, complete a life skills assessment and develop an individual living transitional plan with the assistance of the Independent Living Services Coordinator. Youth develop personal goals and identify individuals who can assist them in reaching their goals while supporting their transition from a youth to a young adult. Services are provided on an individual basis or in a group setting when appropriate. Transition goals are developed by the youth with the assistance of the Independent Living Services Coordinator, ongoing case worker, foster parents or group home provider and the youth's natural supports, such as parents, grandparents, aunts and uncles, cousins, friends, teachers, faith providers, and other community members the youth feels makes a positive difference in his/her life. Progress is monitored by team members on a regular basis.

In 2013 there were 14 youth ages 15-17 eligible for Independent Living Services. All of these youth resided in another county, received an Independent Living Services assessment and had face to face contact with the Jefferson County Independent Living Coordinator.

Number of Youth	
5	Reunified with their family
0	Change in guardianship (family member)

In 2013 there were 5 youth 15-17 that were discharged from this program due to:

Youth ages 18-21 no longer in out-of-home care

Young adults ages 18-21, who are no longer in out-of-home care, complete a life skills assessment to determine the areas of ongoing need, identify personal goals, and develop a transitional discharge plan. The transitional discharge plan incorporates the youth's ongoing needs with their personal goals. The Independent Living Services Coordinator assists the youth with their transitional discharge plan and offers assistance with educational planning, career development, employment, housing, transportation, child care issues, family planning, accessing community resources, managing AODA issues, building healthy relationships, risk prevention as well as other concerns the youth might be experiencing or may be expected to encounter.

Of these youth receiving Independent Living Services, and dismissed from the system, the following occurred:

Number of Youth	
5	Reunified with their family or a family member.
2	Aged out of the system.
0	Enrolled into secondary education.
1	Secured an apartment / house.
0	Homeless with no place to go.
2	Returned to family or family members
0	Staying with friends, but no permanent place to live
0	Entered into criminal system
0	Other -

Service Category and Number of Youth Served:

Academic Support	**21**
Budget and Financial Management	10
Career Preparation	18
Education and Financial Assistance	0
Employment Programming or Vocational Training	10
Family Support/Healthy Marriage Education	9
Health Education and Risk Prevention	7
Housing Education and Home Management Training	6
Mentoring & Other Financial Assistance	2
Post-Secondary Educational Support	7

REVIEW OF 2013 GOALS:

1. Provide an educational group for youth using the "Rent Smart" curriculum that was developed by UW Extension. This workshop is a 12 week program that provides the necessary skills needed to live independently. These workshops will include presentations in the community as well as visits to apartments, discussions with landlords and their rental procedures. Successful completion of this workshop will be evidenced by a certificate. Staff will continue educating area landlords to understand the benefit of this certificate, accept this certificate where a youth might have been denied earlier, and allow youth the opportunity to successfully gain the first step of independence. Housing is one of the toughest challenges a young person can experience with little to no income, no rental references, and the trauma they experienced as a child. *This goal has been accomplished. Two youth participated/completed the program (One 15-17 years of age, One 18-21 years of age)*

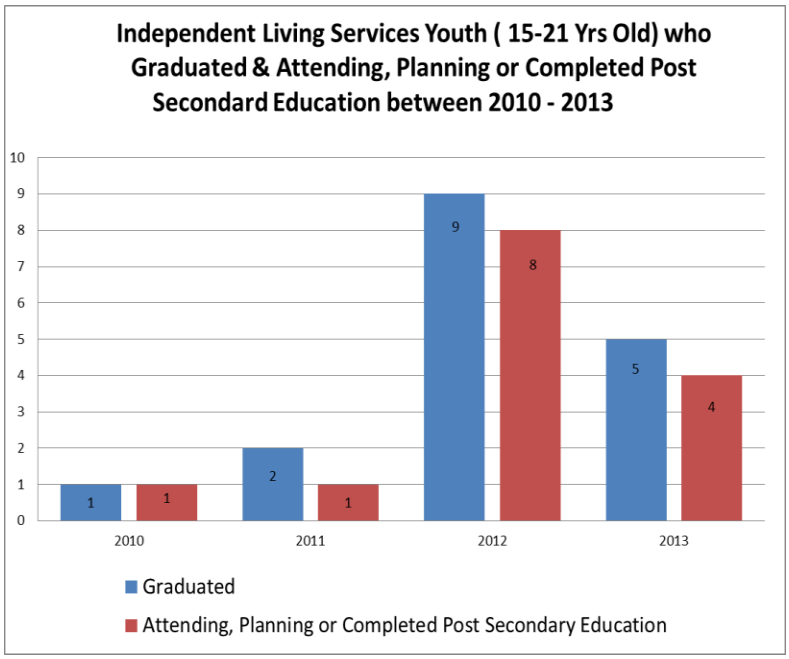
2. Provide youth with two advocacy opportunities throughout the State and County allowing them to have a voice in their future. *This goal has been accomplished. Two young adults participated in Advocacy training in Madison in February 2013 and later met with their representatives that same day. These two young adults are also participating in the Youth Advisory Council (YAC) for Jefferson County with one participating in the State YAC.*

3. Increase number of youth attending post-secondary education by 10%, by introducing the option at enrollment of the Independent Living program and by supporting them through teaming with school personnel and informing and assisting them with scholarship opportunities. *This goal has been partially accomplished. In 2012 there were 4 youth that were attending post-secondary education; by the end of 2013 we remained at 4 youth (although not all the same). The reason there was not an increase of 10% is youth life priorities changed (ie: aging out of the foster home and the increased risk of becoming homeless, employment opportunities, etc.)*

4. Assist in the development of a quarterly regional meeting within the South Eastern region for IL programs and coordinators to share information and educate each other on program policies and procedures. *This goal has been accomplished. This regional meeting concept has been developed and implemented in 2013. The group met quarterly in Waukesha in 2013. There have been 11 counties represented so far at these meetings.*

2013 activities that youth 15-21 years of age participated in, the type of activity, setting/structure and the number of youth that participated:

Activity	Setting/Structure	Number of Youth that Participated
Youth participated in YAC activities with another county	**Youth were offered a free training by Milwaukee County and free attendance and food vouchers to a Brewer Game. A State representative was also in attendance as they kicked off their new 2013 Foster Care Awareness Campaign.**	**1**
"Rent Smart" training with youth to document how to rent your first apartment and be a good tenant.	**IL Coordinator taught, coached & demonstrated to youth about challenges with locating, securing & maintaining housing and how to be a good tenant**	**7**
Jefferson County began administering the Southern WI YAC.	**IL Coordinator assisted the local youth with developing and implementing the Southern WI YAC for surrounding Counties. The youth elected officers, and developed a plan of action and goals for 2014.**	**3**



2014 GOALS:

1. Increase community awareness and develop open dialogue by providing two presentations to the general public or selected audiences about the challenges youth in foster care experience.

2. Increase participation in the Southern Wisconsin Youth Advisory Council by 25% by providing information regarding details of the council and meeting dates to each youth currently receiving services, as well as all new referrals.

3. Increase or initiate youth participation in planning by offering youth, who are currently in or have aged out of the foster care system, a chance to share their stories and voice their opinions about what works and areas for improvement at team meetings, child welfare training opportunities or other appropriate venues.

4. Provide youth with advocacy opportunities throughout the State and County allowing them to have a voice in their future by participating in one or more of the following committees or events: State Youth Advisory Council meetings, State Citizen Review meetings and Kids Advocate Day.

5. Increase the number of youth who have aged out of care attending post-secondary education by 25%.

6. Decrease the number of youth in care that drop out of school before graduating with a diploma, GED, or HSED and the number of young adults who have aged our of care that drop out of post-secondary education before acquiring a certificate or degree by 50%.

7. Increase collaboration efforts with nearby counties by maintaining attendance at the Southeastern WI Regional ILS Quarterly meetings for IL staff to network, share information and educate each other on program policies and procedures and new events.

INCREDIBLE YEARS PARENTING PROGRAM

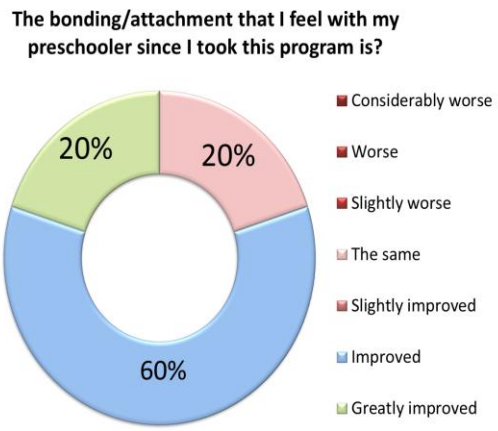
~Parents are provided basic training emphasizing on parenting skills known to promote children's social competence and reduce behavior problems.~

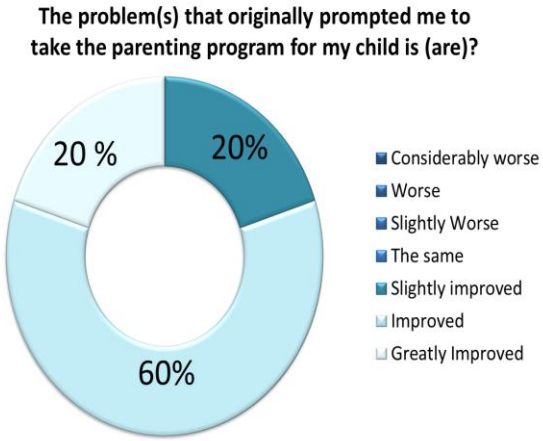
The Incredible Years (IY) parenting program is an evidenced-based curriculum that utilizes real life, video vignettes, role-playing, and practice activities to increase learner knowledge and participation. The goal of the IY parenting program is to prevent and reduce the occurrence of aggressive and oppositional behavior, thus reducing the chance of developing later delinquent behavior. Parents are provided basic training emphasizing on parenting skills known to promote children's social competence and reduce behavior problems such as: how to play with children, social, emotional, academic and persistence skills coaching, effective praise and use of incentives, establishing predictable routines and rules and promoting responsibility, effective limit-setting , strategies to manage misbehavior and teaching children to problem solve. Data collection shows parents feel a stronger bond, problems with the child have greatly improved and that overall the child's behavior has improved after successfully completing the class. Participant testimonials reflect the activities and learning accomplished during class. It has a detailed leader's manual with scripts and questions for promoting group discussion and practice activities and home activity plans (homework) for the parents.

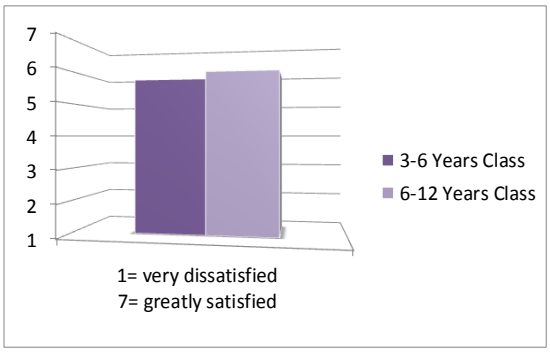
In 2013 JCHSD provided two classes, educating 17 parents and providing child care to 16 children. Parents attended 2 hour weekly sessions for 17 weeks. A certificate of completion and recognition is earned after successfully completing the class. Incentives are provided for attendance and participation.

Parent Testimonials:

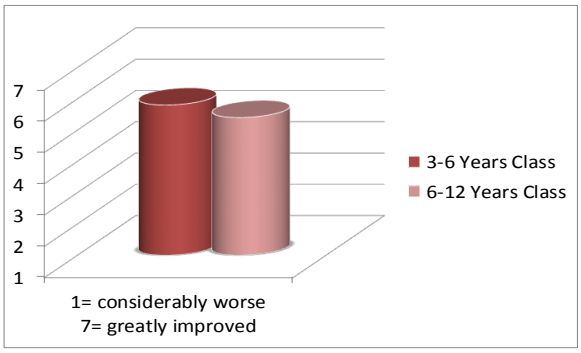
"The teacher's discussions were the best! I have learned so much from the group discussion."
"I liked establishing house rules and the ignoring methods."
"I liked the dialog and stories in the discussions."
"I liked it when we had group discussions and everyone would talk about situations and what they would do."
"Learning how to cope with anger and children who are angry and being able to manage all four children appropriately. Having handouts and chapters and stuff is very helpful."
"Calming methods for my son and me."
"Everything I have learned has helped me and my family a lot. My oldest child's attitude has changed so much in the positive it is unbelievable."



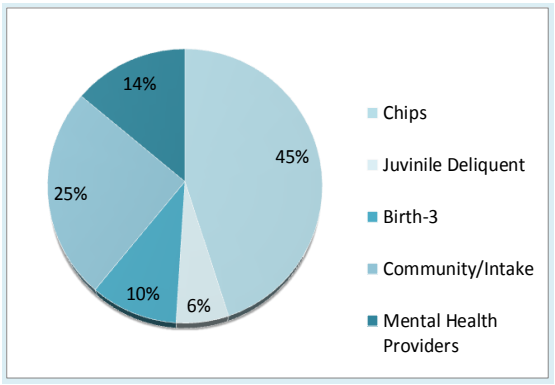




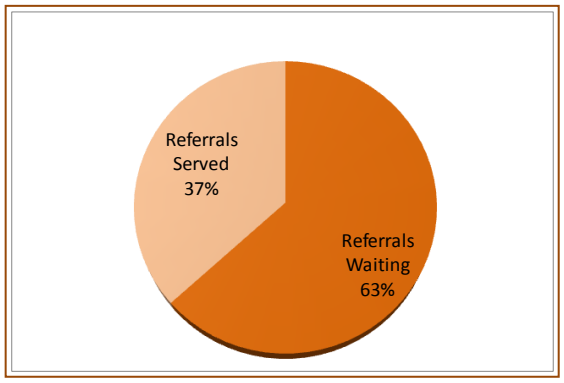
2013 Overall Program Satisfaction



My child's behaviors improved as a result of my participation in the class



Referral Sources to the Class



2013 Referrals Served and Waiting

Jefferson County Human Services collaborate and receive referrals from the following agencies and programs: Fort Health Services, Watertown Health Services, Watertown Health Department, Probation and Parole, Child Support Office, Family Court, Children in Need of Protection and Services (CHIP's), Juvenile Justice, Medical Offices, Jefferson County Intake, Birth-Three, Self-Referrals, CST\Wraparound, Comprehensive Community Services, Mental Health Team, Community Support Team, Early Childhood, Headstart and the Jefferson County Jail.

In 2013 we added the children's parallel teaching during the child care portion of the evening. At this time, the children participated in a project, discussion or a presentation pertaining to what the parent learned in their class simultaneously. Currently, this is the only evidence based parenting class offered to families throughout Jefferson County. We are able to eliminate barriers to families by providing daycare, supplies, transportation and meals. Funding is received from Dodge Jefferson County United Way and the Walworth Jefferson County United Way.

2014 GOALS:

1. Provide a County wide Incredible Years training with the Incredible Years trainer(s) to increase the pool of certified teachers to meet the high demands of the Incredible Years parenting referrals.

2. Collaborate with local school districts and community partners to collaboratively teach the Incredible Years parenting class as a county wide multi-disciplinary initiative.

* * * *

ECONOMIC SUPPORT DIVISION

~Providing and Coordinating Resources to Strengthen Families~

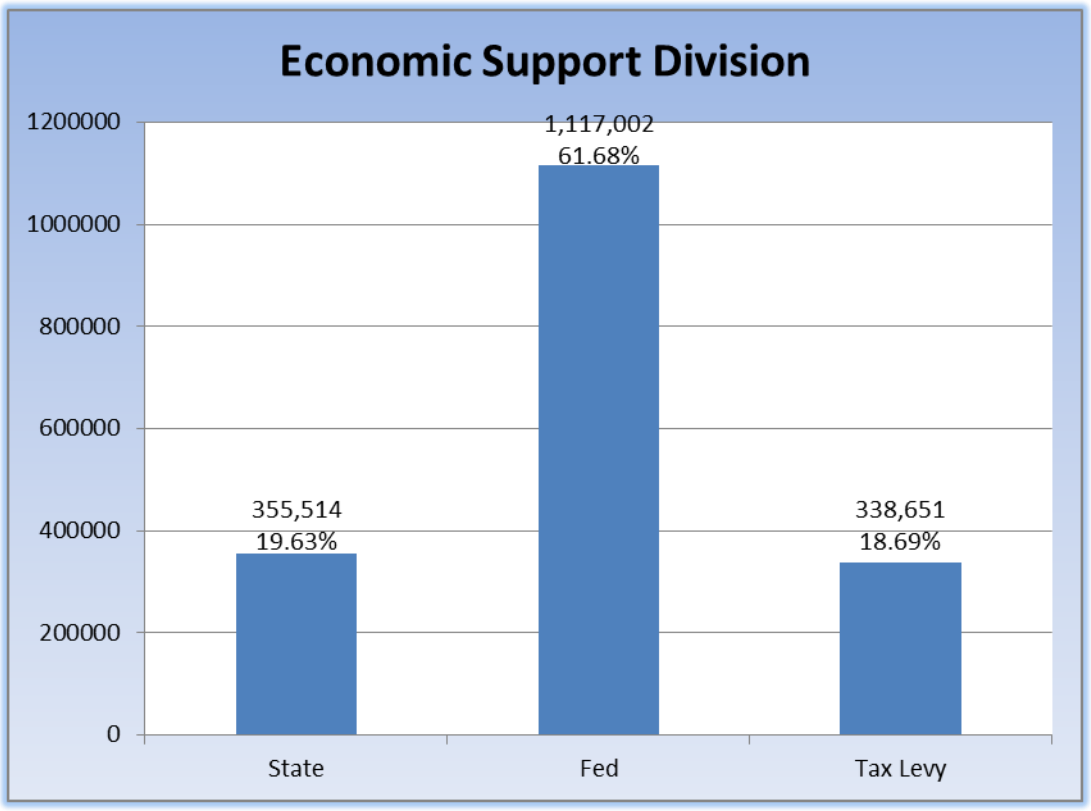
Access to quality customer service, timely and accurate processing of benefits, program explanations and connections to resources are the major focal points of the Economic Support Division.

The Economic Support Programs for Jefferson County are administrated at the Workforce Development Center (WDC). Our location at the Workforce Development Center provides staff with the ability to coordinate the services of the on-site providers: Job Service, the Department of Vocational Rehabilitation, Opportunities, Inc., WORKSMART Programs, and the Jefferson County Economic Development Consortium. Our community partner connections also result in greater service coordination. These partners include: Community Action Coalition, Madison College, Local School Districts, PADA, Food Pantries, Faith Based Organizations, St. Vincent de Paul and Local Employers. Employment services are provided regionally to facilitate coordination of customers who live in one county and are employed in another.

If you are interested in learning more about the current job listings available to meet your workforce needs, you can visit the website of www.jobcenterofwisconsin.com for a statewide listing of employment opportunities. We also provide monthly calendars at the WDC displaying the dates of employment workshops, skills training and job fairs. In 2013 17,240 duplicated visitors accessed the center's services. If you have any questions about services, please contact our office at 920-674-7500.

In December of 2013, our Economic Support programs provided assistance to 7,384 Jefferson County households. Customers may be receiving assistance from Medicaid, BadgerCare, FoodShare, Wisconsin Shares or Energy Assistance. Additionally, our Jefferson customers may receive financial assistance from the Jefferson St. Vincent de Paul Society. The American Fact Finder indicates that in 2012, there were a total of 21,673 families living in Jefferson county and 6.4% of those are at or below the Federal poverty level.

The Economic Support Division of Jefferson County provides residents with access to financial assistance and employment programs. These programs were developed to support financial stability for households. The Economic Support staff assist the customer in applying for benefits, processing the benefits, making changes in their situations, explaining program requirements, assessing possible fraud and coordinating referrals to other resources, All Economic Support staff process Healthcare and FoodShare benefits in addition to staff who also specialize in programs such as Child Care, Family Care and Children First. Jefferson County is part of a seven county Southern Consortium Call (SCC) center which includes, Crawford, Grant, Green, Iowa, Lafayette, and Rock County. Together we coordinate job functions, manage the workload, develop trainings, and implement policy to increase efficiency. One of the coordinated functions is our call center. When calling the SCC number (1-800-794-5780), the customer will be in direct contact with an Economic Support worker from any of these counties who has access to their case information and is readily available to help. We have 22 full time Economic Support staff who manage the 7,300 households in Jefferson County currently receiving assistance.



The Division's revenues come from County, State, and Federal funds as is reflected in the graph. In 2013, the Economic Support Division received additional funding from the Affordable Care Act. This funding was used to hire new staff to process the increased workload of health care applications directed to us from the Federal Marketplace. Also, changes to the BadgerCare eligibility guidelines increased the number of individuals eligible for this program. Our Division also created a new Economic Support Assistant position that received training to become a Certified Application Counselor (CAC). The CAC has the knowledge to assist individuals in applying at the Federal Health Care website for affordable insurance. This position is able to serve all residents of Jefferson county, not only low income households. Other new funding received in 2013 was the FoodShare Bonus funding which was provided due to the low FoodShare error rate achieved by the State of Wisconsin's Economic Support workers. The energy program funds are directly contracted to Energy Services who provides financial assistance for customer's home heating expenses.

For 2014, the Division's "overarching" goal is to Enhance and Maintain a Successful Income Maintenance Consortium. The key indicators of our success will be measured by our ability to meet timeliness, accuracy and customer satisfaction performance standards established by the State of Wisconsin. Reports specifically addressing each aspect of these key indicators are monitored with trainings and procedures developed to consistently meet these standards.

Following is a brief description of each program and the number of customers who received assistance from these programs in 2013.

ECONOMIC SUPPORT PROGRAMS

~Providing stronger financial stability for low income households, and those experiencing a financial loss~

The Economic Support Programs serve to provide stronger financial stability for low income households and those experiencing a financial loss. Often our services are necessary to meet an emergency need such as homelessness or medical needs. Each program serves a specific population and has different income guidelines and requirements. The self-sufficiency of Jefferson County families and individuals is the ultimate division goal. The customers who are requesting financial assistance from Economic Support Programs continues to increase every year.

Caseload Growth- December

2010	5,676 households receiving assistance
2011	6,020 households receiving assistance
2012	7,177 households receiving assistance
2013	7,384 households receiving assistance

Requests for program assistance can be initiated by contacting the Economic Support Division located at the Workforce Development Center at 920-674-7500 and requesting to speak to an intake worker, coming into the agency, calling the Southern Consortium Call Center at 1-888-794-5780 or applying on line at www.access.wisconsin.gov. An intake worker is available every day as the first point of contact for all the customer's assistance requests. The worker will assess the customer's needs, initiate the application, process any changes, and coordinate the appropriate referrals to community resources.

SOUTHERN CONSORTIUM CALL CENTER (SCC) - the call center concept began in January of 2012 and is comprised of Economic Support staff from seven counties all working together. The counties are: Crawford, Grant, Green, Iowa, Jefferson, Lafayette, and Rock. Our mission is to provide quality customer service by answering calls and processing changes quickly and easily for the customer. Directing the customer to the call center staff to report changes or ask questions, allows the on-going workers to focus their time on processing applications and reviews. We began 2013 with the Southern Consortium Call center handling 21,835 calls for the first quarter—21,733 calls for second quarter- 25,375 calls for the third quarter and finally 30,484 calls for the fourth quarter of 2013. The increase in calls received reflects the complicated changes to benefit programs as well as the constant changes to our customer's financial situations. The call center staff are evaluated on the timeliness and number of calls answered, length of call, customer wait time and the accuracy of their benefit processing.

MEDICAL ASSISTANCE - is a State and Federally funded program that provides the low income customer comprehensive, affordable healthcare. Numerous individual programs are included in the umbrella of Medical Assistance including; BadgerCare Plus, BadgerCare Core Plan, Medicaid Purchase Plan, Family Planning Waiver, Medicare Beneficiary, Family Care and Nursing Home programs. Each program has its own specific financial and non-financial criteria for eligibility. The eligible customer receives a Forward health card which is taken the health care provider to verify coverage. Most Medical Assistance customers must also participate in a Health Management Organization. At the Medicaid website http://dhs.wisconsin.gov you can access information on the individual program benefits and requirements.

BADGERCARE- in 2013, major changes were scheduled to occur in the State BadgerCare program. Due to delays with the Federal Facilitated Marketplace the program changes began in 2014. Previously, the BadgerCare program eligibility guidelines provided medical assistance to parents with children under age 19, pregnant women and a limited number of childless adults based upon available funding. The income limit was 200% of poverty for adults and 300% of poverty for children. The new program has decreased the income limit for adults to 100% of poverty and directs those who are above the income limit to apply for health insurance coverage through the Federal Marketplace. Children's eligibility remains at the 300% income limit. Additionally, eligibility for BadgerCare now is determined using IRS tax filing information which is used for Marketplace eligibility. If a customer applies at the Marketplace for private health insurance and is potentially eligible for Wisconsin Medicaid their application is routed back to their home county for processing. Conversely, if they applied for Medicaid in Wisconsin and are determined to be ineligible their application is automatically transferred to the Marketplace for review.

The Economic Support Division received Affordable Care Act funding in 2013 to hire additional staff to process the large volume of new applications we received and to manage the increased workload in the Southern Consortium Call center by answering questions, explaining program changes and gathering tax information. The funding was also used to create an Economic Support Assistant position who received training to become a Federally Certified Application Counselor (CAC). This was an excellent use of the funding and continues to be a valuable resource for Jefferson County residents who need to apply at the healthcare.gov website for health insurance. The ability to have a staff person help Jefferson County residents through the process has provided reassurance during a complicated health transition. Our CAC met with 50 people in 2013.

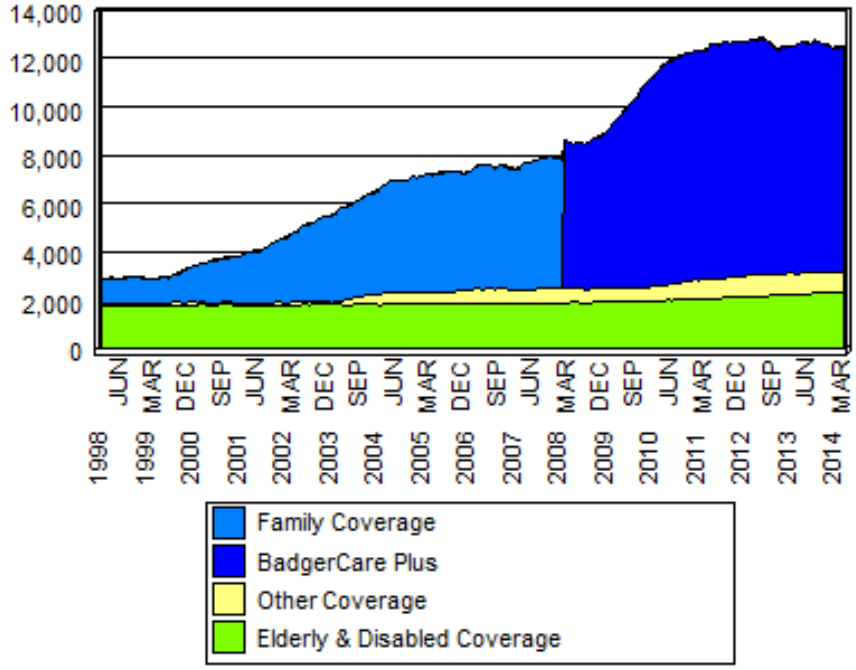
During the initial phase of the new health care laws, we established a Regional Enrollment Network (REN) consisting of county health care providers, free clinics, agencies, libraries, institutions of higher education and community organizations. The Jefferson County REN held public informational sessions, created press releases and most importantly coordinated services so when an individual requested help at any of the network agencies they received comprehensive services and referrals to meet their needs. The connections developed continue to improve access and effective services for all.

The following chart shows the number of customers receiving Medical Assistance in Jefferson County since 2009. In 2013, the number of members receiving Medical Assistance benefits was 12,459.

Recipients of Medical Assistance

Caseload on December 30	Families	Nursing Home	Elderly Disabled	Totals
2009	8,354	271	1,906	10,531
2010	10,117	243	1,976	12,356
2011	10,331	243	2,139	12,713
2012	9,983	227	2,181	12,391
2013	9,911	193	2,355	12,459

BENEFIT TYPES



FOODSHARE-(SNAP) is a Federal Program funded by the USDA that provides a monthly Foodshare allotment to low income customers to purchase food. Eligibility is based upon income, household composition and shelter expenses. The eligible customer receives a QUEST card that is used to purchase food at local grocery stores which supports our local economy. Customers in search of employment may volunteer to participate in the FoodShare Emmployment and Training program (FSET) and work in coordination with a Finanacial Employment Planner to develop their employability resources. Starting in 2015, the Foodshare program will again make FSET participation mandatory for able bodied adults. In December 2013, the FoodShare benefits issued to Jefferson County receipients totaled $897,611 for that month. The chart below shows the monthly number of Foodshare customers and the dollar amount of benefits paid from 2010 to 2013 for Jefferson County. The Foodshare website is http://dhs.wisconsin.gov/foodshare.

FOODSHARE

Year	Average Monthly Recipients	Average Monthly Groups	Monthly Average Total Payments	Calendar YTD Total Payments
2010	7,214	2,882	$753,849	$9,046,189
2011	7,954	3,250	$829,374	$9,952,491
2012	9,025	4,063	$961,232	$11,534,783
2013	9,467	4,355	$996,763	$11,964,155

WISCONSIN SHARES-CHILD CARE - is a Federal and State funded program that provides child care subsidies for low income working families to assist in their payment of child care expenses. The subsidy payment is made to the directly to the child care provider, with the family responsible for the co-payments. In December 2013, the number of families receiving child care assistance was 249 households with authorizations for 339 children. Additionally, the Child Care case managers certify in home child care providers, participate in local children's fairs, and present trainings for providers. The child care website is http://dcf.wisconsin.gov/childcare/wishares.

CHILDREN FIRST- is a State funded program that provides employment and training services for noncustodial parents who are not paying their child support. Participation in the program is court ordered. The primary goal of the program is to improve the ability of the parent to pay court ordered child support. The Children First case manager assesses the customer's barriers, provides guidance and connects them to employment resources. The funding is based upon the Child Support caseload and is used to provide financial assistance for their job search activities. In 2013, the Children First program served 10 noncustodial parents.

JEFFERSON ST. VINCENT DE PAUL SOCIETY - provides our division access to local funds for the Jefferson School District customer's emergency needs such as rent and utilities, unmet by other programs. The household will receive a payment only once in a two year time period. In 2012, 191 households received $22,161.56 in emergency funding. In 2013, 147 households received assistance totaling $16,956.00. Their generosity continues to be greatly appreciated.

HOME ENERGY ASSISTANCE- is a Federal and State funded program that provides a single payment during the heating season to low income customers who need help paying their heating costs. The energy payment is made directly to the fuel supplier. Jefferson County continues to contract with Energy Services to administer the program. In 2012, 2,597 households received $1,110,807 in energy assistance payments with crisis funding to 427 households in the amount of $168,545. In 2013, 2,536 households received energy assistance in the amount of $1,094,351 and 258 households received additional crisis funding in the amount of $112,441 with the average crisis payment being $436. Program information can be found at http://heat.doa.state.wi.us.

In 2013, the Wisconsin Works (W-2) Program and Emergency Assistance Programs were awarded to Forward Services to administer due to a change initiated by the Department of Children and Families. Forward Services has an office located in Jefferson and provides financial assistance and employment services to those families with employment barriers.

REVIEW OF 2013 GOALS:

1. TO INCREASE EFFICIENCY IN CALL CENTER RESPONSES AND PROCESSING-

- The Southern Consortium Call Center has increased their efficiency in call center responses within 5 minutes from 90.85% in December of 2012 to 96.29% in December of 2013.
- The longest wait time has decreased from 26.77 minutes in December of 2012 to 22.28 minutes in December 2013.
- We increased the number of call center staff throughout the consortium with additional Federal funding received from the Affordable Care Act. Jefferson County has added three full time staff to the call center.
- Call center staff are now located in their own room providing them greater consistency in their responses and fewer distractions. The staff focuses the majority of their time on customer calls but also processes documents, applications and helps the on-going case managers.
- Developed desk aids and updated procedures for specific work tasks to be assured they are handled consistently throughout the consortium.

2. **DEVELOP CONSISTENT METHODS FOR STAFF TRAINING AND AN EFFECTIVE SYSTEM FOR THE RESOURCES NEEDED TO BE READILY AVAILABLE TO STAFF AND CUSTOMERS-**

   - Used additional Federal FoodShare bonus funding that was received for maintaining a low statewide error rate to create a consortium trainer position. The amount of funding each county contributes is based upon their caseload size, Jefferson County contributes 18% of the trainer's position. This allows the consortium trainer to be located in our local office one day per week.

   - Purchased a lap top so that distance learning can be provided to all staff at the same time.

   - A staff partner was designated for each case manager to provide workload coverage if a staff member is absent. Having two staff directly responsible for the workload assures consistency and completeness.

3. **DEVELOP A SYSTEM TO CONTACT THE CUSTOMERS DIRECTLY TO PREVENT UNTIMELY ACTIONS THAT AFFECT THEIR BENEFITS –**

   - When a household applies for assistance they are required to provide verification, submit reviews and report changes timely. Often the customer does not contact the agency until their benefits have closed for not completing the requirement. This creates a large workload at specific times of the month, causes the customer to be in an emergency situation (they do not have medical coverage when urgently needed) and prevents the staff from developing and maintaining efficient work processes. Unfortunately, due to the increased workload from health care reform this goal did not get the attention it deserved in 2013. We began development of a system to contact the customer prior to benefit closure but did not fully implement the process. We will continue to strive for this goal to be met in 2014.

4. **IMPLEMENT REQUIRED CHANGES DUE TO PPACA INCLUDING THE OPERATION OF THE EXCHANGES –**

   - Staff attended several all-day trainings, did on line courses, took tests and read many, many handbooks and memos from the State. They learned the new program requirements, how to calculate income using tax filing information and how to explain the changes to the customer.

   - Staff learned how to navigate and understand the Federal Marketplace and how it directly relates to our customer's benefits.

   - Staff prepared for the hundreds of new applications we would receive in 2014.
   - Created Certified Application Counselor position to assist those applying at the Marketplace.

2014 GOALS:

The Economic Support Division's 2014 "overarching" goal is To Enhance and Maintain a Successful Income Maintenance Consortium. This will be accomplished with the following specific goals:

1. **MEET AND EXCEED THE AGENCY PERFORMANCE STANDARDS FOR APPLICATIONS, REVIEWS AND DOCUMENT PROCESSING**. The focused goals include timeliness, accuracy and program integrity. The key outcome indicators of success are measured from Income Maintenance Management Reports (IMMR), CARES Worker Web Dashboard and Quality Assurance Reviews.

2. **THE SOUTHERN CONSORTIUM CALL CENTER WILL MEET AND EXCEED THE PERFORMANCE STANDARDS**. The focused goals include timeliness of answer, accuracy of responses, and complete documentation on all contacts. The key outcome indicators of success are measured from the Weekly Agent Performance report, the IM Project Daily Call statistics and the Quality Assurance Reviews.

3. **THE CUSTOMER WILL RECEIVE RESPECTFUL, PROFESSIONAL CUSTOMER SERVICE THROUGHOUT THEIR INVOLVEMENT WITH THE ECONOMIC SUPPORT AGENCY**. The key outcome indicators will be measured by customer contacts, customer satisfaction surveys and DCF and DHS monitoring reviews.

4. **STAFF WILL INCREASE THEIR INVOLVEMENT IN COMMUNITY ORGANIZATIONS AND COMMITTEES**. This involvement enhances their knowledge of available services and builds relationships with other organizations. In 2013, the creation of the Regional Enrollment Network built strong and effective relationships with medical providers. The key outcome indicators will be the number of staff active on committees, the knowledge of community programs gained and the sharing of those resources.

5. **DEVELOP AN INTERNAL SYSTEM TO CONTACT CUSTOMERS PRIOR TO CLOSURE OF BENEFITS**. Benefits often close for missing documentation, late reviews and general misunderstanding of what information must be provided. The key outcome indicators will be measured by Income Maintenance Management Reports and the CARES Worker Web Dashboard showing the timely processing of benefits. This process will begin as a NIATX project to successfully and proactively contact the customers prior to the closing of benefits.

Individually and as a team we remain dedicated to providing and coordinating financial resources for the residents of Jefferson County. Each month we send out customer satisfaction surveys evaluating our services to randomly selected households. The responses provide us the knowledge of areas to improve and the confirmation that we are making an impact. Written responses from the 2013 customer surveys include “Just glad you are here to help”, “The Jefferson County staff are respectful, kind and helpful”, “The personal interactions with individual caseworkers is important” and “Staff is knowledgeable and they didn’t make me feel” small” for being in this program”. Even a simple thank you reminds the Economic Support staff of how important the benefits we issue and connections we make are to others. Financial stability remains the foundation needed for individuals to move forward towards their personal goals.

* * * *

MANAGERS and SUPERVISORS

Director, *Kathi Cauley*

Administrative Services Division Manager, *Joan Daniel*

Maintenance, *Terry Gard*

Office Manager & Support Staff, *Donna Hollinger*

- **Aging and Disability Resource Division Manager, *Sue Torum***

Aging & Disability Resource Center, *Sharon Olson*

- **Behavioral Health Division Manager, *Kathi Cauley***

Community Support Program, *Marj Thorman*

Comprehensive Community Services, *Kim Propp*

Mental Illness/AODA, *Holly Pagel*

Lueder House, *Terri Jurczyk*

Medical Director, *Mel Haggart, M.D. – (Contracted)*

Child & Family Division Manager*, Brent Ruehlow*

Intake, *Laura Wagner*

Child Welfare*, Kevin Reilly*

Juvenile Justice Integrated Services, *Jessica Godek*

Birth to Three, Busy Bees Preschool, *Beth Boucher*

Wraparound, *Barb Gang*

Economic Support Division Manager, *Jill Johnson*

Sandy Torgerson, Supervisor

TEAMS and STAFF

ADMINISTRATION
Joan Daniel*, Manager*

Fiscal
Lynnell Austin
Kristie Dorn
Mary Jurczyk
Barb Mottl
Mary Ostrander
Dawn Renz
Darlene Schaefer, *Volunteer*
Susan Stuckey
Cathy Swenson
Mary Welter

Maintenance
Terry Gard, *Supervisor*
Peggy Haas
Bill Hartwig
Karl Hein
Paul Vogel
Richard Zeidler

Support Staff
Donna Hollinger, *Supervisor*
Holly Broedlow
Judy Maas
Tonya Schmidt
Dawn Shilts
Kelly Witucki
Lori Zick

AGING & DISABILITY RESOURCE DIVISION
Sue Torum, *Manager*
Sharon Olson, *Supervisor*
Doug Carson
Joy Clark
Jackie Cloute
Beth Eilenfeldt
Sharon Endl
Sandra Free
Donna Gnabasik
Denise Grossman
Patti Hills
Deborah Miller
Mark Nevins
Martha Parker
Rick Pfeifer
Wendy Petitt
Nancy Toshner
Karen Tyne
Lynn Walton
Linda Winterland
Dominic Wondolkowski
Sarah Zwieg

BEHAVIORAL HEALTH DIVISION
Kathi Cauley, *Director*
Dr. Mel Haggart, *MD*

Community Support Program
Marj Thorman, *Supervisor*
Laura Bambrough
Heather Bellford
Leah Benz
Tiffany Congdon
Lisa Dunham
Sarah Vincent Dunham
David Fischer
Heather Graham-Riess
Carol Herold
Donna Kexel
Heidi Jo Knoble
Daniel Lawton
Karin Pratt
Gino Racanelli

Comprehensive Community Services, Crisis & Lueder House
Kim Propp, *Supervisor*
Carrie Braunreiter
Lori Brummond
Bethany Dehnert
Heather Dempsey
Danielle Graham - Heine
Candyse Hake
Kathy Herro
Susan Hoehn
Terri Jurczyk
Jessica Knurek
Tiffeny Koebernick
Art Leavens
Kelly North
Jean Thiede

Kaitlin Tolliver
Brian Weber

Mental Health & AODA
Supervisor – *Holly Pagel*
Terry Bolger
Jude Christensen
Krista Doerr
Kathy Drechsler
Lynn Flannery
Susan Gerstner
Karen Marino
Cemil Nuriler
Jennifer Wendt

CHILD & FAMILY DIVISION
Manager – Brent Ruehlow

Foster Care Coordinator
Diane Wendorf

Youth Delinquency
Jessica Godek, Coordinator
Jessica Breezer
Rebecca Brown
Amber Brozek
Kelly Conger
Donna Miller
Elizabeth Stillman

Child Welfare
Kevin Reilly, *Supervisor*
Heidi Gerth
Julie Johnson
Amy Junker
Brittany Krumbeck
Erica Lowrey
Brianne Macemon
Brittany Miller
Katie Schickowski
Jenny Witt

Birth to Three
Elizabeth Boucher*, Supervisor*
Tonya Buskager
Lynette Holman
Carolina Reyes
Elizabeth Schmidt
Jillian VanSickle

Children's Long Term Services & Wraparound
Barb Gang, *Supervisor*
Mary Behm-Spiegler
Julie Butz
Jerry Calvi
Diane Curry
Nichole Doornek
Maggie Messler
Kenny Strege
Darci Wubben

Intake
Laura Wagner, *Supervisor*
Jill Davy
Sandra Gaber
Kelly Ganzow
Rebecca Gregg
Katie Mannix
Melinda Moe
Andrea Szwec
Ashley Timmerman
April Zamzow

ECONOMIC SUPPORT DIVISION
Jill Johnson, *Manager*
Sandy Torgerson, *Supervisor*
Economic Support Services
Kathy Busler
Edward Czupowski
Maria Dabel
Rose Engelhart
Lea Flores
Susan Hoenecke
Julie Ihlenfeld
Michael Last
Lindsay Merry
Jolyne Pedracine
Tonya Schneider
Jessica Schultze
TaShunda Scott
Mary Springer
Cheryl Streich
Jan Timm
Mary Wendt
Judy (Polly) Wollin
Susan Zoellick

INFORMATION & ACKNOWLEDGEMENTS

If you have any questions regarding anything in this report or you know someone who is in need of our services, please contact us at the following address:

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
1541 Annex Rd, Jefferson, WI 53549
Phone Number: 920-674-3105
Fax Number: 920-674-6113
TDD Number: 920-674-5011
Website: www.jeffersoncountywi.gov

AGING & DISABILITY RESOURCE DIVISION
1541 Annex Rd, Jefferson, WI 53549
Phone Number: 920-674-8734
Toll Free: 1-866-740-2372

ECONOMIC ASSISTANCE
Workforce Development Center
874 Collins Rd, Jefferson, WI 53549
Call Center: 1-888-794-5780
Phone Number: 920-674-7500
Fax Number: 920-674-7520

Report Prepared by:
Kathi Cauley, Director
Donna Hollinger, Office Manager

Statistics and Program Reports by:
Betty Arntson
Elizabeth Boucher
Joan Daniel
Barb Gang
Terry Gard
Jill Johnson
Mary Jurczyk
Barb Mottl
Sharon Olson
Holly Pagel
Kim Propp
Kevin Reilly
Brent Ruehlow
Marj Thorman
Sandy Torgerson
Sue Torum
Laura Wagner